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ORIGINAL COMMUNICATIONS.

*FRACTURE OF THE LARYNX AND TRACHEA—FUSION OF THE VOCAL CORDS—SUPPLEMENTARY GLOTTIS.**

BY CARLOS M. DESVERNINE, M.D.

LARYNGEAL fractures are rare accidents and always followed by grave consequences.

In spite of the superficial situation of the organ and its protection by soft parts only, its relative immunity is secured by virtue of the elasticity of its cartilages; above all, by the lateral displacement of which it is capable, and by its position on a plane posterior to that of the front of the chest and of the face. Owing to these three conditions the larynx cannot be broken unless directly compressed between the vulnerating body and the anterior surface of the spinal column, or unless the forces in action are bilateral and antagonistic. When in later life the cartilages become calcified the occurrence of fracture is favored.

The fullest writings upon this subject are those of Cavasse† and Henocque.‡ The latter author has collected 52 observations, from the study of which it is shown that the cartilage most frequently broken is the thyroid (23 times), next the cricoid (7 times), while the cricoid and thyroid were simultaneously injured on 7 occasions. The remaining cases were multiple fractures of the hyoid bone, laryngeal and tracheal cartilages.

Of this series, 19 cases were fatal, comprehending in this number all those in which the cricoid was implicated on account of its close anatomical and physiological relations with the glottis.*

The most frequent causes of death have been asphyxia when tracheotomy has not been timeously performed or the invasion of a progressive emphysema, as in the case of Atlee, in which the patient succumbed suddenly after the appearance of a general emphysema.

In the case of Atherton,† the downward spread of the emphysema was interrupted by the constriction of the trowsers at the waist. Death occurred subsequent to tracheotomy in but 1 case, that of Howard Fussell.‡ In this, three and one-quarter hours after the injury (a direct blow from a ball), tracheotomy having been meanwhile performed, cyanosis re-appeared, pulmonary congestion ensued, and the respiration abruptly failed. According to the *compte rendu* of the Journal of Laryngology and Rhinology, No. 8, 1888, p. 308, this case closes a series of 70 cases of laryngeal fractures, of which 54 were mortal.

The following observation belonging to this category presents certain peculiarities which render it worthy of being recorded:—

J. F., a native of Galicia, 15 years of age, launching himself from a trapeze in March, 1878, fell upon a wooden bar, striking directly upon the larynx. The immediate symptoms were some hæmorrhage from the mouth, severe

* From Revista de Ciencias Medicas, Mar. 20 and April 5, 1890.

† Cavasse, Essai sur les fractures traumatiques des cartilages du Larynx, Thèse de Paris, 1889.

‡ Histoire des fractures du Larynx, Gaz. hebd., 1868, Nos. 39 and 40.

* See my own publications upon this subject.

† Journal of Laryngology and Rhinology, No. 5, 1888.

‡ Medical News, March 17, 1888.

local pain, loss of voice, and respiration so shallow as to forbid immediate intervention. The dyspnœa increased daily, some emphysema of the neck occurred, and twelve days after the accident it was necessary to practice tracheotomy in order to relieve a threatening asphyxia. The operation was performed by Dr. Montané, after consultation with Drs. Lebedo, Rayneri, and Campuzano. A laryngoscopic examination, the details of which need not be given, was then made by Dr. Campuzano.

The only complications subsequent to the operation were the spread of the emphysema throughout the entire neck and the repeated expulsion of the canula. It was necessary to substitute a larger tube. After this all went well and the lad made a good recovery. On account, however, of a certain tendency to contract cold, he returned to his native country in 1881, from which he came back in 1883 in excellent condition. He then adopted the occupation of turner of metals, and remained in a satisfactory state of health until 1886, in which thoracic symptoms returned with augmented intensity.

Toward the end of 1887, I saw the patient for the first time and found his condition as follows:—

General condition, poor. He had lost considerable weight within a few months. There were fever and a persistent cough, accompanied by a muco-purulent expectoration full of bacilli. Physical signs of pulmonary disintegration were present at each apex.

He had for three or four years dispensed with the tracheal tube, considering it unnecessary, and breathed through a funnel-shaped opening, the patency of which was assured by a border of very dense fibrous tissue. There was no perceptible external deformity.

The voice was husky and perfectly intelligible, but what characterized it was the low tone and uniform, monotonous timbre, which varied within extremely narrow limits.

The laryngoscopic examination was particularly interesting. The entire laryngeal and perilaryngeal region presented its usual aspect except the vocal cords, which were completely fused, forming a uniform, smooth plane, of a red color, like the remainder of the existent mucous membrane, a small orifice being left near the thyroid insertion. Posteriorly the arytenoids were approximated. In a word, the glottis had disappeared. The free borders of the ventricular bands formed an ellipse, across which the condition of the cords could be perfectly observed.

During phonation the patient occluded the tracheal orifice, and the vocal bands were brought together by a movement of elevation in such a manner that once in apposition in the middle line they produced a decided convexity, especially in the antero-posterior direction, and the pseudo-glottis formed by its borders appeared very near to the superior laryngeal opening. But the chief singularity of the phenomenon was the extreme slowness with which the movement of apposition was always executed. At the same time, it was evident that this tardy movement was due not only to the small quantity of air which could pass through the opening of the glottis, but chiefly to an active muscular contraction. I should add, nevertheless, that in making a phonetic effort without occlusion of the trachea, the phenomenon was not absolutely reproduced.

Examination of the larynx below the glottis revealed a marked reduction of the subglottic capacity through enlargement of the lateral walls, and, once assured that no other alteration existed in the organ, I proposed to the patient that a restorative operation should be attempted by way of the natural passages. I was unable, however, to convince him of the utility of the operation, and I lost sight of him until I learned in 1888, through my friend, Dr. Emilio Martinez, that he had entered the hospital "Reina Mercedes" in an advanced stage of phthisis, and had died in that institution. I am indebted to Dr. Martinez for the removal of the larynx and the opportunity of reporting the following results of its study:—

When the soft parts were removed a linear scar was seen upon the external surface of the larynx. This scar was slightly oblique as it descended, being distant 6 millimetres from the median line in the thyroid region and but 3 millimetres in the tracheal. It included the entirety of the thyroid and cricoid cartilages and the first four rings of the trachea. Further dissection demonstrated that the solution of continuity had been complete in each of the cartilages mentioned. Above the glottis the ventricular bands were open and were of twice their normal thickness. No other deformity was present in this situation. The glottis had disappeared in its greater part. The chink of the glottis had been almost entirely occluded,

the only opening being a small oval one at its extreme anterior part, near to the thyroid cartilage. The remainder of the space was occupied by the vocal cords firmly united by their borders, and the plane transverse surface which they formed was somewhat elastic but firm. The mucous membrane of this region was a little thickened and of a red color identical with that of the remainder of the organ. The arytenoid cartilages were completely adducted, obliterating the cartilaginous glottis and the arytenoid region. The crico-arytenoid articulations were firmly ankylosed. The laryngeal muscles presented a certain degree of evident atrophic degeneration, due to prolonged inaction through mechanical impediment. On the other hand, the muscular fibres of the ventricular bands and the aryteno-epiglottidean folds were the seat of a decided hypernutrition. The region below the glottis was contracted in its transverse diameter from thickening of its lateral walls.

Microscopic examination of the vocal cords demonstrated that they had been the seat of an extremely active inflammatory process, with advanced organization and fusion of the newly-formed elements. Along the line of union ran a dense stroma, the fibres of which passed from one to the other side. These anatomo-pathological results extended to the upper border of the cricoid, and its location is so extraordinarily precise in the crico-vocal apparatus that the intra-laryngeal process may be defined with entire exactitude as a traumatic glottic and hypoglottic laryngitis.

These pathological and, so to speak, experimental results demonstrate forcibly the embryological, anatomical, and physiological solidarity which I have claimed for the conical segment designated by myself as the crico-vocal apparatus. This takes its origin in the cricoid and terminates in the free border of the cords and their thyro-arytenoidean insertions.

In the great majority of cases of laryngeal fracture, above all when the cricoid cartilage has been implicated, the necessity for tracheotomy in order to combat the asphyxia has been immediate. This was not so, however, in the case under consideration. Days passed before surgical intervention became necessary. In fact, the post-mortem examination showed that there had not existed sufficient obliterating deformity of the laryngeal skeleton, thanks to the great elasticity of its cartilages at the period of the accident and to the fact that the fracture of each was unique.

Assuredly, the dyspnœa originated when the inflammatory process already described began to close the upper glottic orifice of the hypoglottic cone.

Such are the principal anatomo-pathological considerations which flow from a study of this case. There are, however, certain physiological and clinical relations no less worthy of attention.

The first of these is the preservation of the voice. Although of monotonous timbre, equal uniformity, and of extremely low tone, it was nevertheless perfectly intelligible even at the distance in which the spoken voice is audible under normal conditions. The singing and crying voices were impossible.

Upon the disputed point of the development of a supplementary glottis in cases of radical alteration of the vocal cords, Professor Gouguenheim, of Paris, read a paper before the French Laryngological Society in April, 1887. In this he states that the existent observations upon the subject are not sufficiently numerous and fail to afford a convincing anatomo pathological criterion. After a study of a case of his own* and an analysis of those reported by Cadier and Garel, he concludes with the following proposition: "that it has not been proved that the glottis, after being destroyed, can be truly supplemented, seeing that the complete destruction of the vocal cords has not been demonstrated in any of the reported cases."

Now if, in my case, the vocal cords were not destroyed in the sense of material obliteration, it is no less evident that from the functional point of view they had disappeared entirely. For it cannot be admitted that the minute segment of them which, remaining free from adhesions, formed a minute orifice with rigid edges, was able to produce a low-toned sound. On the other hand, by laryngoscopic examination during phonation the ventricular bands were seen to approximate, leaving open between them a fissure parallel to their length. They were likewise the seat of oscillating movements. These phenomena depended principally upon the current of air projected through the small orifice left in the glottis, since they disappeared if, during phonation, the occlusion of the tracheal orifice was removed.

* Glottes Supplementaire, Ann. des malad. de l'oreille et du larynx, etc., No. 5, p. 196. Paris, 1887.

From these facts repeatedly observed during phonation, and never at other times; from the long period of time (twelve years) during which they were constant and uniform;* from the results of the autopsy, in which, among other things, the ventricular bands were seen to be hypertrophied, I believe that I am justified in maintaining that this case supplies the desired anatomical criterion and shows that, at least, the ventricular bands are capable of taking the place of the true vocal cords in producing an audible voice of characteristic timbre.

Finally, the case also presents itself for study as one of acquired phthisis. No tuberculous disease had been known in the man's family, and it is necessary to seek the route by which infection occurred.

Doubtless, respiratory insufficiency, due to the small size of the opening in the trachea and the disuse of the canula, had sapped the patient's organic vitality. Again, the absence of the proper media exposed his bronchial mucous membrane to the harmful influence of an abrupt entrance of atmospheric air. The continuous inhalation of metallic powder, incident to his occupation, co-operated in weakening the bronchial apparatus. I make use of this expression, which appears vulgar, but is exact, in the restricted sense that these combined factors were in the highest degree favorable to a diminution of the resistance by cellular activity (phagocytism) of the bronchial mucosa to the invasion from without by patho genetic germs, believing that it is really the absence of this bronchial reaction which conduces to the presence of the active bacillus in the pulmonary alveoli, and its consequent germination. (Baer, Ziemssen.)

In ordinary conditions the bronchial apparatus is the protective barrier of the pulmonary alveoli, probably through the product (phagocytes) of its calyx-shaped bodies.

Therefore, the impeded passage of air through the glottis and the insufficiency of the tracheal aperture are circumstances which increased in this young man the natural predisposition to bacillary infection possessed by the apices of the lungs.

According to Hanau this known predisposition of the apices depends, above all, upon insufficient expiration.

The cases of professional pneumokoniosis (Zenker), as well as experimental facts (Arnold), prove that the apices inspire freely, while from the theoretical deductions of Mendelssohn, the clinical observations of Ziemssen, and the experiments of Hanau, we learn that during the expiratory act a column of recurrent air remains in the apices, owing to insufficiency of contractile tissue in the upper part of the thorax.*

It is indubitable that this peculiarity tends to increase with every obstacle to respiration, and that, for one reason or another, cough is made more frequent (expiratory effort), the air in the apices becomes stationary and incapable of aiding in the expulsion of foreign material situated in the bronchioles of the apices. Hence, the passage of morbific germs is easy from a disabled bronchial apparatus to the alveoli of the lungs.

If, therefore, all the circumstances of this case, together with the ubiquity of Koch's bacillus, be considered, it must doubtless be admitted that all the conditions existed which observation and experiment teach us facilitate the localization of colonies in the pulmonary apices.

* The patient assured me that ever since he had become able to speak the character of his voice had remained constant.

* Ziemssen, Pathology and Treatment of Tuberculosis, Wood's Medical and Surgical Monographs, vol. iii, No. 3.

REPORT OF A CASE OF PERFORATING INFANTILE ECTHYMA.†

By DR. HEULZ,
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IN the early part of September, 1888, a woman, from the environs of La Bourboule, brought me her child, aged 10 months, on account of, as she expressed it, "a sore upon the buttock," which, notwithstanding all her care, would not heal, and, indeed, grew worse day by day. Examining the child I found, upon the lower part of the left buttock, two round and deep ulcers, of a yellowish color striped with red. The surrounding skin was normal, though slightly reddened. The larger ulcer was nearly 4 centimetres in diameter and about 8 millimetres in depth, the smaller about 2 centimetres in diameter and 1 centimetre in depth. In the neighborhood were several pustules of ecthyma in various stages of development. There was no ganglionic enlargement. The babe, which bore lesions apparently so serious,

† Read before the Society of Practical Medicine. From Annales de Thérapeutique Medico-Chirurgicales, June, 1890.

seemed to enjoy excellent health, was fat, fresh, and robust, and, as the mother said, "was never ill."

The history of this singular affection was that two months previously there appeared at the site of the actual ulcers two crustaceous pustules, similar to those visible at the time of examination in the vicinity of the principal lesions. When the crusts fell two small ulcers were exposed, which grew daily larger until they had attained the dimensions described. The treatment, consisting principally of baths and soothing ointments, had not produced the slightest effect.

At first sight, syphilitic ulceration was inevitably suspected. The good general condition of the child, however, militated against this supposition. Nevertheless, I carefully and separately questioned both the father and mother upon this point. The father was addicted to drink, but no evidence of syphilis was obtained. In short, by exclusion and the presence of ecthyma pustules near the ulcers, I formed the diagnosis of perforating infantile ecthyma (*ecthyma térébrant infantile*).

An iodoform dressing was ordered, together with a bath every third or fourth day, and a lotion of borated water. At the end of six weeks the child was completely cured.

The following year I again saw my little patient. The child had remained entirely well in the meanwhile, having suffered no return of the skin disease. The site of the ulcers was occupied by two characteristic cicatrices.

Perforating infantile ecthyma is a comparatively rare affection, and capable of giving rise to a serious mistake in diagnosis. Professor Fournier recently exhibited to the Dermatological Society a young patient, in whom the ecthymatous lesion, in the beginning, bore a very close resemblance to a syphilitic chancre. This seemed to be, at first view, the only possible diagnosis. In my case, in which the lesions were more advanced, the first suspicion was that of ulcerated syphilides, and was rejected only after careful examination and minute inquiries. The importance of avoiding such an error is plain in regard, in the first place, to treatment, and, in the second, to medico-legal relations.

This form of disease has been studied with especial care by Professor Fournier and Dr. Lallier. It is to these authors that we owe an exact appreciation of the affection.

Two distinguished bacteriologists, MM. Baudouin and Wickham, endeavored in 1888 to ascertain, in the case of a patient under treatment at the Hôpital Saint-Louis, whether the destructive character of the ulceration was due to the activity of a special micro-organism. The result of their researches was negative. They discovered, among various cocci, a predominance of the streptococcus pyogenes, but they conclude that further investigation is needed. And if the absence of a special microbe is confirmed, it will be permissible to believe that the streptococcus pyogenes may, under certain well-defined conditions, produce the lesions which I have described.

NOTES UPON SOMNAL, THE NEW HYPNOTIC.

By FRANK WOODBURY, A.M., M.D.,

Fellow of the College of Physicians of Philadelphia; Hon. Professor of Clinical Medicine in the Medico-Chirurgical College, etc.

LAST fall Radlauer,* of Berlin, brought to the notice of the medical profession a new compound, to which he gave the name of Somnal, in acknowledgment of the remarkable hypnotic properties which it appeared to possess. It was formed by the union of chloral, alcohol, and urethan, according to the original notice,† but is not a simple mixture of these bodies. It differs from chloral urethan by the addition of C_2H_4, its formula being $C_7H_{12}Cl_3O_3N$. The method of manufacture is by direct combination of chloral alcoholate and urethan in a vacuum apparatus, according to its discoverer, who states‡ that its composition might be graphically represented thus:—

$$CCl_3—C(OC_2H_5)(H)—NHCOOC_2H_5.$$

Specimens of this new hypnotic having, through the courtesy of Messrs. Eisner & Mendelson Co., been placed in my hands for examination and trial, I will here very briefly communicate some of the results thus far obtained, reserving my final judgment upon the drug until experience has been more extended.

Physical Characters.—Somnal is a colorless liquid, resembling chloroform in its appearance and behavior when added to cold water, in which it forms globules and refuses to mix or

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* Zeitschrift des Apothekers-Vereins, November, 1889.

† Journal de Médecine, October 20, 1889.

‡ Pharmaceutical Journal and Transactions, November, 188 .

dissolve. When shaken with water the mixture is milky, but quickly separates. It is soluble in hot water and alcoholic solutions, and dissolves resinous substances and fats. The odor is faint, not very penetrating or disagreeable, and resembles that of the spirits of nitrous ether, or recrystallized chloral. The taste is very pungent, and for administration it needs free dilution. It may be given with whisky or solution of tincture of zingiber or syrup of licorice. Somnal is inflammable, burning with an alcoholic flame; it does not evaporate quickly, and leaves a greasy stain upon blotting-paper. Specific gravity greater than water; reddens litmus-paper slightly.

Physiological Effects.—In its action it resembles chloral in quickness of effect and naturalness of the sleep produced. No marked depressing influence was exerted upon the pulse or respiration rate, though it was noticed that the breathing became slower and the pulse slower and fuller, as in natural repose. No disagreeable after-effects. The head was clear and the stomach was unaffected; the patients generally had an appetite for breakfast. No constipating effect. The kidneys acted rather more freely than usual. My colleague, Dr. Ernest Laplace, to whom I gave some of the drug for trial at the Philadelphia Hospital, writes as follows:—

"I have given somnal a fair trial upon 6 patients at the Philadelphia Hospital. In no case was the patients told what was given them, so that outside of the bare possibility of the patients' falling asleep through natural causes, somnolence was brought on by the drug. It was administered in a solution of tincture of zingiber, in half-teaspoonful doses, and was found palatable.

"Administered at 4.00 P.M., at a moment when patients were not generally asleep, in 4 cases sleep came on within half an hour, which lasted from five to eight hours; the 2 other cases showed no effect from the drug. It is their habit to get at least ¼ grain of morphine sulph., to put them asleep every night, as they are sufferers from intractable malignant growth.

"In no case was there any noticeable after-effect.

"I have not formed any opinion upon the length of time that the drug could be used daily upon the same patient.

"To this I might add that no depression of the normal temperature was noticed in any case in my hands, and thus far I have not used it in pyrexia."

Therapeutic Application.—The effects of somnal in producing natural sleep suggest its use in insomnia. The first case in which I used it was in a patient suffering with acute alcoholism, who had been under treatment for a fortnight in an institution where he had a free supply of liquor, and he came out rather worse than he went in. He was 39 years of age, very tremulous, and could not sleep, or if he dozed off would immediately waken up. I gave him, at about 3.00 P.M., 30 minims of somnal (or, rather, a drachm of a mixture of equal parts of somnal and whisky), well diluted, and went into an adjoining room to speak to an attendant. Upon my return I was surprised to find him fast asleep, although I had not been away from him more than fifteen minutes. He slept for four hours, and then was able to take something to eat. At 10 o'clock he had another dose, and he slept until 7 o'clock next morning, having wakened up once only during the night and insisted upon having another dose, and immediately after taking it he fell asleep again. The next night he was given a double dose at 10.00 P.M., and he slept all night without awakening. No bad effects were observed. The somnal was given for four nights, when he was so nearly well that it was suspended, as he had had good natural sleep at night, and seemed quite restored. Alcohol was positively prohibited, the only substitute allowed being elixir of coca and camellia (P. D. & Co.), in tablespoonful doses, in which, it is true, there was a small amount of alcohol, which was quite infinitesimal when compared with what he had been using. Somnal, therefore, acts well as a hypnotic in acute alcoholism, as a tranquilizer and hypnotic.

In a case of neuralgia of the bowels (visceral neurosis of Allbutt), where the patient had a sleepless night, a dose of 20 minims relieved nausea and pain, and the patient fell asleep.

In syphilitic headache and insomnia, somnal in moderate doses failed to produce sleep, which was afterward secured by potass. bromide and iodide, and antipyrin.

In cases of insomnia, fretfulness, and restlessness in young children, somnal with mint-water and syrup offers better results than opiates, and is much safer. The same remark, probably, applies to the use of somnal in acute pneu-

monia, but I have not been able to confirm this yet by actual trial.

Without further going into detail, it may be stated in conclusion that somnal acts as a hypnotic, but instead of depressing the system, as chloral does, it slightly stimulates the gastric mucous membrane, relieves nausea and pain, improves the appetite, increases secretion (probably), does not cause constipation. The circulation, respiration, and temperature are not notably depressed after its administration. No disagreeable after-effects have been observed. As it is rapidly eliminated from the body it may be administered each night for a number of days without any obvious ill effects. It acts very much like chloral, but is more pleasant to take, and not so depressing in its effects upon the nervous system and the circulation.

A SERIES OF "MISHAPS."

By C. M. RAMSDELL, A.M., M.D.,
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IN February of 1887 the writer was called upon to treat Mrs. B., wife of a clergyman,—a pale, delicate lady, about 27 years of age, of highly nervous organization, who was suffering from ascites accompanying, and apparently caused by, the pregnant state, she being at that time about six months advanced in gestation. Diuretics and chalybeate tonics were given, but the fluid continued to accumulate, and on March 7th about 6 quarts of clear fluid were withdrawn by means of the aspirator, after which time she recovered rapidly, the diuretics and iron tonic being continued.

About the time when the abdomen was the most distended by the dropsical effusion she ceased to feel the motions of the child *in utero*, the movements never having been very vigorous.

The fluid did not re-accumulate after aspirations, and on April 13th the patient was delivered of a dead fœtus, whose size and state of development were those of the sixth month.

She had no further trouble, and soon regained her ordinary, not very robust, health. The next fall she became pregnant again, the dropsy returned, and on August 26th, 1888, she gave birth to a small, but perfectly-developed, female child, which, owing to a contracted pelvis in the mother, had to be extracted with forceps. After delivery the ascites rapidly increased; aspiration was resorted to as before, but without the same happy result; the fluid accumulated so rapidly that it had to be removed about every forty-eight hours, in order to relieve dyspnœa. Peritonitis set in, and the patient died September 21st. The child survived her a few weeks, and died of inanition. This was her first full-term child, but her sister remarked in my hearing that she thought deceased had not been well used, inasmuch as she had had a "mishap" nearly every year since she had been married.

A competent physician of Austin, Texas, had examined her—so her husband himself told me—and had expressed the opinion that she never could give birth to a living child. The extreme difficulty with which this child was born and the final result proved his opinions to have been essentially correct.

The writer wishes to make the foregoing report the text for a short discourse which, although it will not reach many of the persons for whom it is especially designed,—being issued from the medical instead of the secular press,—may, nevertheless, prove beneficial by the reflex influence it may possibly exert through the medical profession.

The marriage relation was intended by the Creator to be the purest and holiest and tenderest that can subsist between two human beings. The obligation to care for one's children, or for one's parents, or other blood-relations is, in a manner, forced upon man, and in some instances there might be a show of reason for his feeling his duties in that direction irksome; but when a man, of his own untrammeled will, enters into a solemn agreement with a woman to love and protect her, and she, relying on his promises, commits her whole being into his keeping, every principle of honor and manhood should prompt him to redeem his pledges. Her comfort of body and of mind should be considered before his own, and if such is not the case he does not love her as a man ought to love his wife. What, then, can be said of a man who, knowing that pregnancy means certain disease and probable death to his wife, will, nevertheless, subject her to all the dangers of which he has been warned, simply to gratify his animal passions.

So far as he himself is concerned, it would be less sinful in the sight of heaven if he should patronize some house of prostitution rather than take advantage of the power which the law confers on him, and compel his wife to surrender her life as the price of his gratification.

The writer would by no means be understood as advising men whose wives cannot bear children to become libertines, but he does say that when they *are* libertines, or, if that be too harsh a word, when their animal instincts and desires are stronger than their sense of moral obligation and even common decency, it would be far better for them to expend their passion where they can do no harm, and not run the risk of destroying valuable lives. A railroad engineer once told the writer that his wife had never become pregnant, because, soon after their marriage, the pain she experienced during coition having led to an examination, the woman was found to have a deformed pelvis, so narrow as to preclude the possibility of child-bearing; and so for seven years he had lived with her, and had not given her a chance to be in danger, "for," said he, with tears in his eyes, "I love my wife too well to run the risk of losing her just for a little temporary pleasure."

Physicians know that there are thousands of poor, suffering women whose lives are a burden to themselves, hopeless invalids so long as they are compelled to minister to the lust of their husbands, but who might become healthy and strong once more if let alone for a year or two. I do not refer to those who raise large families of children. Maternity is burdensome, but it brings compensations with it, and the divine utterance, "Be fruitful and multiply," should be looked upon not so much as a command as a blessed permission, and all true women so consider it. Not but that many a mother thinks she has already as many children as she wants, and dreads the advent of another; but when the little one has come she has not the slightest desire to give it up, nor does she even wish that it had not been born. But there are women who have done their full duty in this matter, have given birth to many children, and from overwork, disease, or accident have become unable to carry a child to full term, and there are weakly women whose vital powers are insufficient, and others deformed, and these have abortion after abortion, their husbands seeming to consider themselves not at all blameworthy for their wives' feeble health, until at last exhausted nature can do no more and kind death gives the poor woman rest—and the husband gets another wife.

Under such conditions as given above, is it putting it too strongly to call sexual intercourse, on the part of the husband, legalized rape? Physicians too often do not speak plainly enough to their patients about such matters. They are afraid of hurting the husband's feelings, and thereby losing his patronage, it may be, or they think it useless to say anything about it, knowing that their advice will be disregarded. The physician should never let such reasons deter him from doing his duty, and, whether the offender be a preacher or a plowman, things should be called by their right names and the responsibility placed where it belongs.

A SPEEDY RECOVERY AFTER ABORTION.

By J. C. APPLEGATE, M.D.,
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ORDINARILY we condemn reports coming from young physicians with a brief experience, especially if the papers are intended for diagnostic or therapeutic purposes, from the fact that, in my opinion, such articles are based on incomplete study. For further observation would in many cases lead to contrary conclusions.

I do not ask for space for this purpose, but to describe a case of amusing interest, the subject of which might well be termed a "tough" in the superlative degree.

On Tuesday morning, October 22, 1889, Mrs. M., living at a mile's distance, called at my office for a consultation.

"Shor, docthar, and I feel bahd," said she.

In answer to my question as to where she felt badly, and how long she had been feeling so, she replied:—

"In me stomick, and sence yisterday."

"Are you regular?" was asked.

"No, docthar, I missed foive months, and cum sick yisterday."

"Have you suffered with pain since you became unwell?"

"No, docthar."

"Are you not very free?"

"Yis, docthar."

"Have you passed anything but blood?"

"Yis, docthar, and I bro'ght it up to lit you see it."

With that she opened the bosom of her dress and produced in a slip of paper a fœtus of about three months' growth. I informed her of her trouble; also, that she had better return home and go to bed.

It did not occur to me at the time, but after her departure I concluded that I would like the specimen for preservation, and called at her hovel for the same. I found her sewing. To my question she replied:—

"I throwed it away comin' hum."

The following morning I had occasion to pass her house, where she was seen washing and hanging out clothes. Whether she felt "bahd" or not I did not stop to inquire.

THE OLD DOCTOR.

By GEORGE J. MONROE, M.D.,
LOUISVILLE, KY.

A PHYSICIAN'S occupation appears to be somewhat paradoxical. He is either bringing some poor, miserable wretch into this wicked, sinful world, or is laboring to prevent others from leaving it for a better. Into what close relationship is he brought with the people! What responsibility is his! How many a tale of joy, gladness, hope, and pleasure, or sorrow, sadness, suffering, and despair he could tell! How many family histories he could relate! How many skeletons he sees in the family closets! Of how many confidences and secrets is he made the repository! How many a home has been cheered and made happy by his presence! How many a bitter heart-ache has he witnessed! What is more gratifying or satisfactory than to hear the old doctor, in whom the utmost confidence is placed, say "he" or "she is better and will get well"? A house where has been sorrow, grief, and tears for days, where a loved mother, mayhap, has been thought dying, and the good old doctor pronounces the crisis passed, that she will get well and be spared to her family. Oh, what a change comes over this family! Joy almost unbearable enters every heart. When a father has been near the great unknown, and the distracted and nearly heart-broken wife and weeping children have thought their stay, comfort, and support was about to be taken away from them, and the doctor at his morning visit says "better, will get well," what gladness takes possession of every one at these good tidings! Yesterday was dark, gloomy, and sunless; to-day not a cloud is to be seen, not even a mist, but beauty, sunshine, and perfect joy and light. When a little child is at the grave's brink, and the force of a thistle-down wafted on the breeze would appear to be sufficient to convey it to the other world; when the windows are shaded and the streets covered with straw, that no light or noise may act as a disturbing element to the little sufferer; when even the doors are left ajar, so they may not grate upon their hinges; when the mother reflects how drear and desolate the home will be without the little prattler whose voice will be hushed until the resurrection morn,—the fountains of tears well up to overflowing and the sobs and sighs cannot be suppressed; that mother prays as she never prayed before that her child may be spared,—the very heart-strings are nearly broken. The old doctor arrives and finds the child breathing easily, its skin moist, the fever gone, and sleeping quietly. He pronounces the talismanic words, "better, will get well." Oh, then there is joy and thankfulness in that household! A peaceful calm comes upon them; almost a glorified radiance covers the mother's face. It is then that the tear-fountains overflow with joy and gladness, and not with grief. What a difference there is between tears of sorrow and sadness and those of joy and gladness! The one kills; the other brings to life. Oh, how anxiously and closely we scan every expression of the old doctor's face and listen to his every word when he is at the bedside of our sick! He is a harbinger of joy or sorrow to many a heart. Long live the kind, good, old doctor!

SYRUP OF HYDRIODIC ACID: ITS ADVANTAGES AS A MEANS OF ADMINISTERING IODINE—ASTHMA.

By ALBERT E. NORTON, A.M., M.D., B.S.,
PHILADELPHIA, PA.

IN scanning the columns of the various medical periodicals which come to my attention, I observe from time to time numerous and varied remedies recommended for the treatment of asthma in its different manifestations. Some of these remedies, which are frequently indorsed, are, in their way, very excellent, others not so effectual, and a number of them I know from experience to be almost worthless in many cases of this troublesome affection. It is this conclusion that leads me to contribute the following data, and I do so with the full knowledge that, from the frequency with which the subject is treated, it would seem that there could be nothing of interest remaining to be said; but the treatment about to be spoken of has greatly interested me,

and I submit it in the hope of interesting and, perhaps, instructing others who may wish to employ it.

I think that success would attend the treatment of a greater majority of cases of asthma, if care were taken to clearly ascertain the origin of the irritation,—whether from dust, climatic influences, syphilitic taint, or heredity, etc. When this is discovered we should be guided in the treatment by two great principles, viz.: First, avoid or remove, entirely if possible, the exciting cause; and, secondly, allay or prevent the spasm. When heredity is the predisposing cause the asthmatic symptoms can generally be laid at the door of defective development of the lung-structure of the patient, and moderate gymnastic or athletic exercise for the proper expansion of the chest and exercise of the body should be recommended, thus correcting the asthmatic stoop so frequently met with in this class of patients. The tendency to catarrh is thus lessened and the frame of the patient developed and fortified against this bane of middle and advanced life.

Many cases which come to our attention and require treatment may be said to be simple neurosis, due to climatic change or individual peculiarities, idiosyncrasy, etc. In such cases the judgment of the intelligent physician will dictate a change of climate, habit, or condition, such as will render aid, if not permanent relief, to the suffering patient. There are numerous cases, also, the causes of which are chemical vapors, dust, etc., and by simply avoiding the source of irritation the patient will experience marked relief. Again, a great number of asthmatics are such through the inheritance of a specific or gouty diathesis, and it is of this class of subjects that I wish principally to speak.

These cases of asthma, the causation of which cannot be perfectly or definitely ascertained except through heredity, are most frequently benefited by either iodides, mercurials, or arsenical preparations, and I have for a number of years past carefully noted the action of these three remedies, both separately and combined, in the class of asthmatics under consideration, and it is invariably from the iodine treatment that the best results have been observed. The manner of administering the drug and the form in which it should be exhibited are both, however, of the most vital importance, and it is to the latter point that I would direct particular attention. Asthmatics seldom obtain relief from potassium iodide, unless administered in greatly augmented doses, the continuation of which disturbs the stomach, causing nausea, anorexia, and other evil symptoms of gastric irritation. Although it is not admitted by all authorities, I feel confident that iodine is assimilated as an iodide of the most abundantly represented elementary constituent of the human system,—hydrogen; and the therapeutical results from the practical application of hydrogen iodide fully substantiate this statement.

In the administration of the potassium salt the alkaline "carrier" (potassium) is liberated, thus neutralizing the natural acids of the stomach, irritating the mucous coating of that organ, and a train of evil symptoms is the almost inevitable result. With a view to obviating these difficulties, I have for the past few years employed the iodide of hydrogen or hydriodic acid in a syrupy form, and having used almost every recommended remedy for asthma since Bostock first wrote on the subject, in 1819, including the liberal use of iodide of potassium and sodium, I have never obtained the satisfactory results from any remedy that I have from the liberal but discriminate use of hydrogen iodide. I was first led to receive this product as an acquisition to my list of asthmatic remedies by reason of its freedom from irritation and its very acceptable taste, but, contrary to my expectations, I have found it to possess properties of which the other and more common forms of iodine are entirely void. It acts with greater energy and promptness than iodine otherwise combined, and the results from its intelligent use are far more certain.

I have learned to rely upon the remedy in other conditions as well as in asthma quite as much as upon calomel in its particular indications. By way of still further demonstrating the adaptability of the remedy to asthmatic difficulties, I will report the two following cases from my case-book. They were both typical and obstinate cases, and both yielded in a most satisfactory manner to treatment with the syrup of hydrogen iodide, as will be seen:—

Case I. Mr. W., banker, aged 71. History of good bodily condition for nearly forty years past, though of the nervous temperament and gouty diathesis. Was called to see him January 3, 1888. For two years previous to consultation he was subject to frequent attacks of asthma, which were most distressing and ex-

haustive. Had from time to time been treated for the complaint, but with little or no permanent benefit. I at once placed him upon the iodine treatment, combining with the syrup a little arsenite of potash, as follows:—

℞ Syr. acid. hydriodic (Hostelley's), f℥iv.
Liq. potassii arsenit., . . . f℥j.
M. Sig.: Teaspoonful four times daily, in water.

The relief afforded by this treatment was most gratifying, as well to the patient as to myself. The paroxysms occurred less frequently, and after two weeks' treatment disappeared entirely. The medication was, however, continued for several months after recovery, for its prophylactic effect. This patient has been under my almost daily observation since treatment, and no recurrence of asthmatic symptoms as yet, and from present indications recurrence is improbable.

Case II. Miss S., aged 16, of nervo-sanguine temperament, strumous diathesis, and obscure specific history. I first saw the patient on the evening of March 19, 1888, when she was suffering from dyspnœa and suffocation, referred to the throat, accompanied by a humming sound; shoulders fixed, elbows supported by knees, face very pale, with an anxious expression; all the muscles of respiration were brought into requisition. In short, she was suffering from a typical paroxysm of asthma. I gave her, as usual in such cases, the syrup of hydriodic acid, in teaspoonful doses, ordering a repetition of the dose every two hours. The results in this case were, as in most others that I have treated in a like manner, extremely satisfactory. The breathing became less labored, and in a few days the symptoms entirely abated, though, as usual, the acid was ordered to be continued for several weeks, in order to prevent return of asthmatic symptoms. In fact, in no case do I order the remedy discontinued as soon as symptoms abate. The relief given in this case might be said to be remarkable, as it was one of the most pronounced examples of asthma which has come under my care, and had affected the girl since she was a mere child. Over two years have now elapsed since treatment, and she has been in that time entirely free from asthmatic difficulties.

While these are but two cases selected at random from my book, if space would permit I could cite many more, some of very long standing and others of but short duration, in all of which the hydrogen iodide has acted with energy and promptness calculated to inspire great confidence in its effectiveness.

OBSERVATIONS ON PURE AND POLLUTED WATER.

By F. G. STEPHENS, M.D.,
SIDNEY, IOWA.

THE average American is always particular about the food he buys, as to its digestive and nutritive properties, knowing that if he bought mushrooms (fungi) he might risk getting the poisonous variety; if he eat cheese he may get cheese-poisoning (tyrotoxicon); if pork he may acquire trichinosis; if he be a Chinaman, with a dainty dish of rats, he is exposed to the same danger, for these little animals die from trichinosis, and it is a well-known fact that the pork disease is contracted by swine eating them. There is equally as much danger in the water we drink as in the food we eat. Water, when pure, is wholesome and contains by weight 8 parts oxygen to 1 part hydrogen, and by measure 1 volume oxygen to 2 volumes hydrogen. The physical properties of water are well known to all intelligent beings; it is, when pure, transparent, inodorous, destitute of taste, and an exceedingly bad conductor of heat and electricity, of low tension, refracting light with great power, as is to be seen in the apparent curves at the bottom of a vessel of water. Although colorless in small quantities, it is blue like the atmosphere when viewed in large masses; this is observed in the ultramarine tint of the ocean and in the lakes of the Alpine or mountainous countries, and in the rivers which issue from them. The slightest admixture of mud or any other extraneous substance destroys the effect. Natural springs are often impregnated with soluble mineral substances, and to some medicinal virtues are attributed, because holding in solution calcium, sodium, potassium, iron, chlorine, carbonic acid, sulphuric acid, nitric acid, and others, as well as various gases,—carbon dioxide, oxygen, nitrogen, sulphuretted hydrogen, either single or combined.

Pure water, such as is fit for the consumption of man, is never found on the surface of the earth, but reaches the surface through springs and wells. All good water contains carbonic acid and atmospheric air in solution, gases derived from the strata through which it flows,

foreign matter of mineral origin, which assists in giving it a lively, pleasant taste. The temperature of waters varies; water in wells and springs is cooler or warmer as regulated by, first, heat of the sun; second, by the intense heat of the earth; third, by chemical combinations in the water. Ordinarily all the water for common use is influenced by one or the other of the first-named causes. Good drinking-water should never be below 40° nor above 50° F. At different depths the temperature is regulated largely by the position of the surface with reference to the sun. In shallow wells the water of a north hill-side is cooler than that of a southern slope, both being influenced by surface heat. In deep wells the temperature is regulated entirely by the internal heat of the earth, and depends upon the conducting character of the earth at the well-bottoms and beneath them. The temperature of the artesian well at Trafalgar Square is 58° F.; at Guy's Hospital, 59.9° F.; at Grinelle, near Paris, 82.2° F.; at Saratoga, 50° F. The effect of impure water on the generation and spread of disease is perfectly appalling.

In the year 1867, three millions of pilgrims, of whom a handful had come from a cholera district, assembled at Hurdwar, a few miles from the spot where the Ganges escaped from the Himalayas. On the 12th of April the three millions resolved to bathe and drink. The bathing place of the pilgrims was a space of 650 feet long by 30 feet wide, shut off from the rest of the Ganges by rails; into this long and narrow enclosure pilgrims from all parts of the encampment crowded as closely as possible from early morn till sunset; the water within this space the whole time was thick and dirty, partly from the ashes of the dead, brought by surviving relatives to be deposited in the water of their river-god, and partly from the washing of the clothes and bodies of the bathers. Now, pilgrims at the bathing, after entering the stream, dip themselves under the water three times or more, and then drink of the holy water whilst saying their prayers. The drinking of the water is never omitted, and, when two or more of the same family bathe together, each from his own hand gives to the other water to drink.

On the evening of the next day, the 13th of April, 8 cases of cholera were admitted into one of the hospitals at Hurdwar. By the 15th the whole of the vast concourse of pilgrims dispersed, carrying the cholera in every direction over India. It attacked the British troops along the various routes, passed the northern frontier, got into Persia, and so on into Europe, where it will work its wicked will for some time to come. That is a sample of the mischief water can do in the way of spreading disease.

In August I was called to see Mr. W., aged 20 years, who was suffering from an attack of typhoid fever, and whose sister, aged 22 years, was just recovering. The disease having run its course, soon afterward another sister, 13 years of age, had a severe attack, terminating in about three weeks. After her the father, aged 55 years, sickened with the same disease, but his attack was much the mildest of all. This included the entire family except the old lady, who had an attack when young. All made good recoveries. The house was on a south hill-side, three miles from the Missouri river-bottom, and at an elevation of 80 feet above the same; the well was but a short distance from the door, 60 feet deep, and favorably situated to receive the drainage from the hill-side. The hygienic conditions about the sick-rooms were good. Whilst I was in attendance they cleaned the well, drawing out a large amount of filth, which was very offensive. Within about half a mile of this place, during the sickness of the previous cases, a boy 10 years old sickened with typhoid fever, recovered, and in a short time his sister, 16 years old, was taken and made a tedious recovery. The house was built on an elevation of 150 feet above the level of the Missouri bottom. The well was 106 feet deep, containing but little water, which was mixed more or less with decayed vegetation and surface soil, which had been washed in from the top during rains and melting snows. The hygienic conditions were bad.

In September I visited Miss A., residing on the river-bottom 6 miles from the river, the bottom being 8 miles wide at this point. She suffered from an attack of typhoid fever, in the third week, and had been attended by a neighboring physician up to this time. She died on the eighth day following. In about two weeks I was recalled to see her brother, aged 22 years, whom I found quite ill with typhoid fever, and to all appearances in the second week. He died in about ten days. The hygienic conditions here were good. The well from which

they obtained their drinking-water was about 20 feet deep, and situated in an old stable- and feed- lot, which was always covered with manure. The surface drainage had no difficulty in entering it at the top or through the soil, which was very porous, and the probability is it had not been cleaned since it was dug, as the family stated it had not been since they came there, 25 years ago. The water at the time of their sickness was muddy and offensive. Miss S., 10 years of age, in the same neighborhood, sickened at the same time with the same disease of a severe type. The hygienic conditions and nursing were good, but recovery was tedious. She resided at the foot of the bluff on the west side. The well was not enclosed sufficiently to keep out the water, which drifted down the hill-side, 60 or 70 feet high.

In December, three children, sons of Mr. M., ages 7, 9, and 11, sickened with typhoid fever of a severe type, all about the same time. Two died during the third week, the other making a slow recovery. The hygienic conditions were very bad, the house unfit for human habitation; altitude, 150 feet above the level of the river-bottom. The well was old, and 110 feet deep. The family had no knowledge of its ever being cleaned. The water in it was quite shallow, and so polluted that my horses would not drink it.

A CASE OF ACUTE MYELITIS.

By R. B. HOPKINS, M.D.,
MILTON, DEL.

ON March 25th I was called to see a lady aged 71 years. She stated that two days previously she had experienced a sensation in her fingers and toes "as if pins or needles were sticking in them." These prickling sensations extended until they affected the whole body. A loss of mobility followed, so extreme that she was unable to turn in bed. She had some use of her arms and legs, but not sufficient strength to move her body or head. Inspiration was slow, expiration short and quick—20 per minute, the pulse 60 and rather small. There was also slight fever. She felt so strangely that she had to be moved every few minutes. She said that "she must be moved or she would die." There was no headache. The pupils were normal. Physical examination revealed a tender spot over the seventh cervical vertebra. The patient had noticed a slight soreness at that spot for some time previously, though it was not sufficiently severe to obtain particular attention. At the time of examination, however, it was more pronounced. General anæsthesia was present. Her flesh could be pinched without giving rise to pain. Her grasp was very feeble. Deglutition was impaired. There was no history of injury, recent or old. The mind was perfectly clear. My diagnosis was myelitis at the level of the seventh cervical vertebra.

Owing to her extreme restlessness, I thought it advisable to prescribe bromide of potassium, and in order to reduce the congestion or effusion combined with it the infusion of digitalis. I gave her every two hours 5 grains of the former in a fluidrachm of the latter. After maintaining this for ten hours and finding no improvement, I increased the dose of bromide to 10 grains. At night I gave her ½ drachm of chloral hydrate in broken doses. This, with the bromide, had the effect of quieting her so that she obtained three hours' sleep. I called to see her early the following morning. About 7 A.M. she had passed a large quantity of urine. I had carefully examined her urine on the preceding day, and found that it contained neither albumen nor sugar. She continued to pass at intervals of three hours large quantities of urine, the result of the infusion of digitalis. On the 27th I found an improvement. There was more power in the arms and legs, though she could not move her head. I ordered the medicine to be given every three instead of every two hours. On the 28th she could turn her head slightly. Respiration was better, anæsthesia somewhat diminished. On the 30th she was able to raise her head a little. On the 31st I found her sitting up in bed, and was told that she had walked across the room. I gave her some compound liquorice-powder as a laxative.

At present—one month after first seen—she is able to walk about the room, and feels well. There is still, however, tenderness over the vertebra prominens. She is now taking 10 grains of iodide of potassium thrice daily. I directed the tender spot to be painted with equal parts of tincture of iodine and alcohol three times a day. This lessened the pain and will promote absorption.

Would this case have terminated in spontaneous cure, or did the combination of potassium bromide and digitalis reduce by its diuretic effect the congestion or effusion of the

cord? If digitalis causes such desirable effects in dropsies and effusions due to cardiac disturbances, why should it not reduce the effusion or congestion of the spinal cord?

AMNESIC APHASIA.

By W. L. WALLACE, M.D.

IN March, 1889, I was called to see Mrs. H., a lady of remarkably fine family history and fine literary attainments, aged about 45 years. I found her in a sad condition, and from the husband learned the following facts: The evening before she took a buggy-ride in fine health and spirits. For supper she ate some toasted bread, tea, and canned salmon. At 12 o'clock that night she awoke and went into the parlor to see the time of the night. All of a sudden she called her husband and said she was poisoned, that she could not see. She became extremely nauseated, and began to vomit. This vomiting continued until I arrived, which was nearly eighteen hours after the attack. There was total loss of co-ordination of ideas; inability to speak correctly. She could not convey her thoughts, could not write, could not read writing. The pupil was very much dilated all the time; fearful gastritis and great insomnia. Her brother, who is an eminent surgeon and physician, was telegraphed for, and in consultation decided the aphasia not to be functional, as there was at no time any symptoms of paralysis. Mr. H., to determine if there was any poison in the salmon, the next morning ate freely of it, and also gave it to his little niece, with no unpleasant after-effects. I have written up this case hastily, to say, in conclusion, Mrs. H. is to-day well, and with the proper use of all her mental faculties. At some future date I may give her treatment. Suffice it to say, the principal reliance was upon the iodide of potassium.

DETECTION OF PUS IN THE URINE.—Drop into the specimen of urine enough tincture of guaiac to give it a milky appearance, and heat it a few minutes to 100° F. If pus is present a blue tint will develop. Otherwise the urine may be passed through a white filter, on which is then allowed to fall a few drops of tincture of guaiac, producing, if pus is present, a distinct blue discoloration.—*Pharma. Era; N. Eng. Med. Monthly.*

ABSTRACTS.

TUBERCULAR ENDOCARDITIS.—A communication of M. Tripier upon this subject was presented by M. Bouchard to the Academy of Sciences, April 18, 1890. At the autopsy of a youth of 14, who died of generalized miliary tuberculosis, M. Tripier found, upon the upper surface of the mitral valve, granular vegetations of recent formation, as well as a small tubercular nodule upon the free edge of the valve. In consideration of the frequency of endocardiac vegetations in cases of miliary tuberculosis or pulmonary phthisis, he admits the existence of a chronic as well as an acute tubercular endocarditis. He extends this etiology to most of the valvular lesions occurring in subjects who present traces of tubercular lesions. The author explains the supposed antagonism between heart diseases and consumption of the lungs by the conjecture that the tubercular lesions predominate upon one or the other organ.—*Le Progrès Médical*, June 21, 1890.

MYOSITIS FOLLOWING MEASLES.—To the Medical Society of the Hospitals, June 19, 1890, M. Gaucher described the case of a little girl, 7 years of age, of arthritic stock, her grandmother being gouty and her father rheumatic. In September, 1889, the child suffered from measles. At the beginning of convalescence a torticollis developed, which disappeared without treatment in the course of two or three weeks. During November she commenced to limp, though she had no pain. Subsequently, pain was experienced in the calf. At present there is retraction of the left sterno mastoid and hypertrophy of the right calf. In fact, there has been atrophic myositis of the sterno-mastoid and sclerous hypertrophic myositis of the calf-muscles. The affection is of infectious origin, like those met with in consequence of typhoid fever, but has not heretofore been described as a sequela of measles.—*Le Progrès Médical*, June 21, 1890.

MORVAN'S DISEASE AND SYRINGOMYELIA.—The relation of these affections was the subject of some remarks by M. Déjerine at the meeting, July 5, 1890, of the Biological Society. The speaker observed that a case of gliomatous syringomyelia, with alteration of cutaneous

nerves, lately reported by MM. Joffroy and Achard, had been considered by those authors as one of Morvan's disease, and that he himself had already announced a similar fact. But he added that the identity of the maladies had never been demonstrated, and that, in fact, both the symptomatology and the morbid anatomy pointed to a distinction between the two diseases, as had been stated by Morvan. That close observer has declared that the preservation of tactile sensibility is altogether exceptional in analgesic panaris, whilst in syringomyelia it is the rule, to which there are very few exceptions. M. Déjerine stated, moreover, that in syringomyelia whitlow is quite rare, while it is always present in the disease described by Morvan, whence the name analgesic whitlow (*panaris analgésique*) often applied to the latter. The lesions of the peripheral nerves differ equally in the two disorders. Another reason for distinction is that the 20 cases reported by Morvan all occurred in the province in which that physician resided and practiced. The disease is met with especially in a certain district of France. This regional limitation is not true of syringomyelia, a disease comparatively rare, and of which few examples are seen even in a great centre such as Paris. These considerations point to the conclusion that Morvan's disease is a peripheral neuritis, due to a yet unknown infectious or toxic cause.—*La Tribune Médicale*, July 10, 1890.

Tuberculosis of the Nasal Mucous Membrane.—A paper upon this subject was read by M. Seifert, of Wurzburg, before the Society of German Physicians and Naturalists, at the meeting at Heidelberg in September, 1889. The author divided all the reported cases into three groups: (1) tubercular ulcers; (2) tubercular tumors; (3) co-existent tubercular ulcers and tumors. The first group embraced 16 cases. In 7 of these all other organs and tissues remained free from disease. This fact indicates that primitive tuberculosis of the nose is much more frequent than that of the larynx. As regards diagnosis, M. Seifert insisted upon the point made by Michelson, that tubercular ulcerations are generally round or irregular in shape, while syphilitic ulcerations of the septum form longitudinal grooves. On the other hand, the round ulcers of the septum described by Rossbach must be distinguished from tubercular ulcerations. As to therapy, lactic acid is the agent to be most commended. Balsam of Peru has disappointed expectations.

The second group comprised 11 cases. In 6 of these other organs (lymphatic glands, pharynx, tongue) were likewise involved. In the remaining cases no mention is made of additional sites of disease. There is no characteristic diagnostic sign. Bacteriological examination is indispensable.

The third group also included 11 cases, in 4 of which other organs were attacked. In reference to a relation between lupus and tuberculosis of the nasal mucous membrane, the author believes that the former may develop in this situation either primarily or secondarily, and agrees with Hajek in thinking that when, in case of nasal tuberculosis, lupous nodules afterward appear upon the exterior of the nose, we have to deal with two different manifestations of the same virus.

Discussion.—M. Michelson, of Königsberg, added to the remark made by the author of the communication that in nasal tuberculosis lesions of the buccal mucous membrane are rare, but that they are frequent in nasal syphilis. As to the distinction between lupus and tuberculosis, he was of the opinion that cases which present the histological and bacteriological characters common to both affections should be considered as tubercular. It is often very difficult to form an exact judgment, since the march of the affection and the small number of bacilli present are the only facts which may decide us in favor of lupus. Moreover, Koch and others have demonstrated the identity of lupus and tuberculosis.

M. Gottstein: Nasal tuberculosis never attacks the bony septum. Involvement of the bone, consequently, indicates syphilis.

M. Fraenkel: Because no difference has been detected between the bacillus of lupus and that of tuberculosis is no reason that the two maladies should be clinically identified.

M. Krause: The presence of nodules in company with ulcers and cicatrices is of diagnostic importance.

M. Jurasz: The differential diagnosis is often exceedingly difficult. The speaker cited examples in support of his statement.

M. Seifert observed, in conclusion, that in most cases it is almost impossible to establish a diagnosis otherwise than by the progress of the disease and the number of the microbes.—*Revue de Laryngologie*, etc., July 1, 1890.

Relation of Laryngeal Affections to Menstruation.—At the Annual Assembly of Belgian Laryngologists and Otologists M. Bayer remarked that he had already drawn attention to the relation existing between the female genital organs and the vocal apparatus, and that he was able to furnish a new illustration of the subject.

A young girl had suffered for six years from laryngeal and pulmonary tuberculosis. The larynx, full of fungosities, was frequently at the menstrual periods the seat of dangerous œdema, which disappeared at the end of several days under the influence of antiphlogistic treatment. During last November an attack of stenosis took place. Extraction of fragments of the fungous growth by the way of the natural passages did not sufficiently clear the larynx, and the speaker was obliged to resort to tracheotomy. The œdema was after this twice reproduced at monthly intervals, in correspondence with the catamenial epoch. Finally, she succumbed to a bronchitis.—*Revue de Laryngologie*, etc., July 15, 1890.

Reflex Epilepsy Due to Ear Disease.—To the same Assembly M. Goris reported the case of a young woman, aged 30 years, who six years ago suffered from an abscess of the middle-ear, with perforation of the drum, in consequence of sea-bathing. There was no neurotic family tendency. One year after the cure of the discharge she was attacked by epilepsy. From this time, a fit occurred regularly every month or every two months, at the time of the menstrual flux. The patient was referred by her physician to M. Goris on account of violent buzzings in the ear, which always preceded a fit, and represented an aura. The left membrana tympani was strongly depressed, and the scar of the perforation could be seen. The rarefactor of Delstanche demonstrated the immobility of the malleus. Hearing was good,—the Eustachian tubes patent. The tubes were catheterized, and rarefaction practiced once a week, and twice weekly at the approach of each period. For five months the patient remained free from spasms, when a relapse occurred.

Though relief had been incomplete, the result was encouraging, since the patient had suffered periodically for six years, while under the influence of the treatment described she had enjoyed entire freedom from attack during five months.—*Revue de Laryngologie*, etc., July 15, 1890.

Exaggeration of Reflex Neurosis by Intra-Nasal Treatment.—This was the subject of a paper read by M. Laurent before the Belgian Assembly. Many neuroses have as their point of departure an irritation situated in the nasal mucous membrane. The object proposed in the treatment of such affections is to destroy the diseased spot and substitute for it a cicatricial tissue. Unfortunately, the treatment which aims to cure sometimes brings about an aggravation of the morbid symptoms. This fact has been announced by numerous authors, among others by Rethi, of Vienne, who has cured neuroses by extirpation of the cicatricial tissue which had formed as a result of treatment. M. Laurent had had occasion to treat in this manner a young man of 26 years, who suffered from oppression originating in nasal disease, and which was aggravated by cauterant treatment. The writer explained these facts by the entanglement of nerve-fibrils in the cicatrix and the production of neuritis in consequence of cicatricial retraction.—*Revue de Laryngologie*, etc., July 15, 1890.

Urticaria During Menstruation.—Dr. Frank, of Prague, reports the case of a seamstress, 28 years of age, who, at each menstrual epoch, was attacked by a very severe urticaria, which, within one and a half or two hours, invaded the entire body. Upon examination there was found hypertrophy of the left ovary, together with a cord-like thickening of the corresponding tube. Salpingotomy was successfully performed, since which time the urticaria has disappeared, as well as the abdominal pains, which were formerly present.—*Deutsche Medizinal Zeitung*, June 23, 1890.

Chronic Nervous Dysphonia.—Under this name Brissaud describes (Archives de Laryngologie, February, 1890) a dysphonia independent of any lesion of the vocal apparatus. Its origin is an insufficiency, in some sort constitutional and innate, of the arytenoid and thyro-arytenoid muscles. It is the irremediable consequence of a vice of accommodation. This dysphonia is always joined with neuroses, and directly connected with a neurotic and, usually, hereditary predisposition.

The form of this neurotic manifestation is

not the same in all subjects. The quality of the voice is variously altered. In some hoarseness predominates, in others the tone is eunuch-like, effeminate, or, again, a husky falsetto. Neither is it possible to connect certain vocal alterations with special neurasthenic or neurotic forms. The constant feature is the permanence of the alteration as it affects the speaking voice.

The author reports six observations, among which is not a single example of frank hysteria. In fact, the vocal trouble, *par excellence*, of hysteria is aphonia. But aphonia was present in none of these cases, the most common characteristic of which was a permanent hoarseness, especially of the speaking voice. The patients were able to sing, and even in some cases to declaim, without difficulty.

In what manner is to be explained the return of the normal voice in the act of singing? It seems due to the fact that song is not, like speech, an automatic act, but a reasoned, and, to a certain extent, disciplined act. Brissaud conceives a certain analogy between nervous dysphonia and stammering. Most stammerers are able to sing correctly, so that their infirmity is not suspected by their hearers. They can recite properly a discourse learned by heart. To sum up, the victims of dysphonia have lost the automatic function of the larynx, although in singing they are able to execute complicated vocal performances. The affection is inherently a trouble of accommodation in the automatic acts of the larynx. It is unamenable to any treatment.—*Revue de Laryngologie*, etc., July 15, 1890.

Eruption Caused by the Internal Use of Mercury.—M. Robinson, of Constantinople, reported the following case to the Therapeutical Society of Paris, February 26, 1890. A man 45 years of age suffered, in 1886, from gonorrhœal rheumatism, complicated with orchitis. He had been ordered, by a specialist of Constantinople, frequent mercurial inunctions, together with large doses of blenorrhetic balsams. Acute mercurial intoxication resulted. The tongue was swollen and painful, the teeth were loosened, the breath became fetid, ptyalism was present, with fever (101° to 102° F.), delirium, tremors, and albuminuria. At the same time a papular and pustular eruption appeared, which gave rise to atrocious itching, and was followed by a furfuraceous desquamation. The condition was relieved with difficulty. The patient, after recovery, was seen from time to time by M. Robinson. Toward the end of 1888 he consulted the reporter on account of an alcoholic gastritis, accompanied by considerable hypertrophy of the liver. He had also a slight bronchial catarrh. As the tongue was heavily coated with a whitish fur, 60 centigrammes (9¼ grains) of calomel were divided into 4 powders, and 1 directed to be taken every third hour. The man took 1 powder at night before going to bed, and proposed to take the remaining 3 on the following day. But some hours after ingestion of the first dose he was attacked by chilliness, which continued for one-half hour, and was succeeded by quite a high fever, which lasted all night. In the morning a scarlatiniform eruption was perceived, consisting of large, red patches, between which an abundant miliary eruption was scattered. The rash itched extremely, and soon became purulent.—*Annales de Thérapeutique Médico-Chirurgicales*, May, 1890.

Arnica Eruption.—At a meeting of the Biological Society, June 21, 1890, M. Dupuy mentioned the case of a patient who was attacked by a pseudo erysipelas in consequence of an application of tincture of arnica. He regarded the fact as very curious, and remembered that essence of rue possessed a similar action.—*Le Progrès Médical*, June 28, 1890.

Treatment of Goitre.—Mosetig-Moorhof (Wiener Med. Presse, 1890) recommends the parenchymatous injection of iodoform in all soft goitres (*Struma follicularis mollis*). This variety of struma has been treated in this way, by the author, for ten years, and he has yet to see any unpleasant results. The injections are made under the strictest antiseptic precautions. Fifteen minims to 1 drachm of the following solution is used:—

℞ Iodoform,	3j.
Æther,	3v.
Olive-oil,	3j.

The solution should be freshly prepared, transparent, and of a light-yellow color. From five to ten injections are usually needed, depending somewhat on the size of the struma. The injections should not be made oftener than once in from three to eight days. The reaction is usually very slight, and absorption continues some time after the last injection.—*Jour. Am. Med. Asso.*, July 19, 1890.

THERAPEUTIC NOTES.

THYMOL DENTIFRICE.

The following formula is given by the Chemist and Druggist:—

℞ Precipitated chalk,	15 ounces.
Soap, powdered,	1 ounce.
Saccharin,	10 grains.
Thymol,	15 "
Camphor,	30 "
Vanillin,	5 "
Oil of rose,	6 drops.

Rub the camphor and thymol together in a mortar, and warm gently so as to render the mixture liquid; then add the chalk in small portions at a time, reserving about 1 ounce; next add the other ingredients, the perfumes being first separately rubbed with the remainder of the chalk.—*Am. Pract. and News*, June 21, 1890.

VIOLET MOUTH-WATER.

The Seifenfabrikant gives the following (Druggists' Circular):—

℞ Tincture of benzoin,	7 parts.
Tincture of rhatany,	30 "
Tincture of myrrh,	60 "
Rose-water,	250 "
Tincture of orris-root,	500 "
Alcohol,	250 "

—*Am. Pract.*, June 21, 1890.

FISSURE OF THE NIPPLES.

The following will be found a valuable application in fissure of the nipples. It allays pain and promotes rapid healing:—

℞ Saloli,	ʒj.
Ætheris,	fʒj.
Cocaini hydrochlor.,	gr. ij.
Collodii,	fʒv.—M.

—*Ibid.*

TREATMENT OF GANGLIA.

Dr. Barth has successfully treated ganglia, lipomata, and other small tumors by injecting 1 or 2 drops of Fowler's solution, after disinfection of the surface. The injection is followed by considerable pain and swelling of the cyst and periphery, but these soon subside and the tumor diminishes rapidly in size. The procedure is indicated in the case of patients who are unwilling to submit to a bloody operation; its chief disadvantage, the pain, may be prevented by adding to the injected fluid an equal quantity of a 1- to 2-per-cent. solution of cocaine.—*Union Medic.*, No. 17, 1889; *Canad. Med. Record*, July, 1890.

ANTIPYRIN FOR HYPODERMIC USE.

Edlefsen gives the following formula:—

℞ Antipyrini, . gr. xlv (3.0 grammes).
Aquæ destillatæ,
q. s. ad ♏ c (6.0 cubic centimetres).—M.

Each 15 minims contains about 7½ grains of antipyrin. (These injections are very painful.)—*Pharm. Centralb.*, 1889, No. 46, p. 683; *Canad. Med. Record*, July, 1890.

WARMING MEDICINE BEFORE ADMINISTRATION.

Lewin recommends the warming of medicines before administering, and of subcutaneous solution as well. The absorption, he points out, is much quicker and the doses necessarily smaller.—*The Medical Age.*

PRESCRIPTION FOR PSORIASIS.

The favorite prescription of Mr. Jonathan Hutchinson for psoriasis is:—

℞ Acid. chrysophanic.,	gr. x.
Liq. carbonis deterg. (Wright's),	♏ x.
Hydr. amm. chlorid.,	gr. x.
Adip. benzoat.,	ʒj.

Misce fiat unguent.

At night the patient should wash the diseased surfaces free from all scales, then standing before a fire rub on the ointment, devoting, if possible, half an hour to the operation. This proportion of chrysophanic acid is not irritating, and stains the linen but slightly. With some cases even a weaker chrysophanic ointment is entirely sufficient. Internally, Mr. Hutchinson prescribes arsenic, though he is not convinced that it is an important adjunct.—*Archives of Surgery*, 1889.

POWDER FOR PAPULAR ERYTHEMA.

The following powder is recommended by Besnier, in L'Union Médicale, for the treatment of papular erythema:—

℞ Powdered boric acid,	ʒss to ʒj.
Chalk,	
Oxide of zinc,	
Powdered starch,	āā ʒiij.

This is to be dusted over the part. If the irritation is intense, a mild solution of boric acid is first to be applied and followed by the powder.—*Canadian Med. Record*, July, 1890.

MASSAGE IN THE TREATMENT OF FRACTURES.

M. Lucas-Championnière devotes a whole number of the Journal de Médecine et de Chirurgie to the discussion of massage and mobilization in the treatment of fractures. He advises a gentle, painless, medical massage

in the direction of the venous circulation, followed by movement of the neighboring joints, and gives detailed instructions of the method to be pursued in different cases of fracture. He finds the treatment adapted to all cases, the only counter-indication being the tendency of movement to create a deformity which it is impossible to counteract. Small wounds may be avoided during the manœuvres, and will not prevent massage being performed if conducted gradually and prudently. Massage relieves pain, rapidly diminishes swelling, and favors the quick formation of callus. The muscles are preserved, and there is no cellular induration; the joints are not stiff. Whilst the limb regains all its functions, the general health does not suffer, which rarely happens if immobilization be practiced. — *Provincial Medical Journal*, June 2, 1890, p. 361; *Satellite*, June, 1890.

THIOL IN DERMATOLOGY.

E. Schwimmer warmly recommends thiol. He thinks it superior to ichthyol in being inodorous and easily removed from the skin or linen by means of water. He uses it in most cases in the following aqueous solution:—

℞ Thiol, . . . 10 grammes.
Distilled water, . . 30 "

Apply twice a day to the affected parts.— *Les Nouv. Remèdes.*

DIGITALIS WITH STROPHANTHUS IN CARDIAC DROPSY.

From the Paris letter of the Medical Press and Circular, May 7, we copy the following combination, which has been found "decidedly useful" in the treatment of dropsy of cardiac origin:—

℞ Digitalis-leaves, . . 30 grs.
Water, ... 6 fl.ozs.

Infuse, and to it add:—

℞ Citrate of caffein, . . 30 grs.
Tinct. strophanthus, . 10 drops.
Acetate potash, . . 2 drachms.
Syrup of orange, . . 1 fl.oz.

Mix. Dose, 1 tablespoonful during twenty-four hours.— *Jour. Amer. Med. Asso.*, July 19, 1890.

SULPHUR-VAPOR IN WHOOPING-COUGH.

In the Bulletin de Thérapeutique Dr. Weisgerer records 3 cases of whooping-cough treated by sulphur-vapor. He uses Deschieu's bougie, No. 1, which burns 10 grammes of sulphur in an hour. This treatment has been adopted at the Hôpital de la Charité, but the cases have not been published. Dr. Weisgerer placed the children in a room measuring about 18 cubic metres, and 10 grammes of sulphur were burned. The vapor caused a slight sensation of pricking in the eyes and throat, which, however, the children bore very well. The treatment is repeated night and morning. The fits of coughing are greatly relieved after a day or two of treatment, then disappear, often giving place to a cough, which occurs once or twice in the course of twenty-four hours.— Paris letter in *Br. Med. Journ.*, June 28, 1890.

CHRONIC RHEUMATISM.

Ewing Marshall, M.D., of Louisville, Ky., writes:

In chronic rheumatism and in those migratory pains hard to classify I think we have a perfect mixture. For some time I have been watching the effects of the individual members of the mixture, first alone, then in pairs, and lastly the combination which is given below.

By the assistance of Mr. Samuel Meyer, the efficient druggist of the University Dispensary, the mixture has been relieved of most of its disagreeable taste, and its powers really improved. The prescription is as follows:—

R Sodii salicylatis,
Potassii iodidi,
Potassii acetatis, . . āā ʒij.
Ext. cascara sagrada, fld.,
Glycerini,
Aquæ cinnamomi, . . āā ʒss.
Aquæ menthæ pip., q. s. ad ʒiij.
M. ft. sol.
Sig.: Teaspoonful every four hours.

It has been a clinical observation with me that the majority of chronic rheumatics are likewise the subjects of chronic constipation.

Giving but a moment's thought to the subject, one must see the advantage of this combination.

The anti-rheumatic and general alterative powers of the first three ingredients are so well known that it would be wasted time to speak of them individually, but it has seemed that by combining them we obtain more than four times the effect that we generally obtain from any one of them by itself.

Now, with reference to the chronic constipation, in glycerine and cascara we have a combination producing very pleasant, gentle, but usually sufficient laxative effects.

It has been our custom to vary the amount of the cascara according to the needs of the case.

If the bowels should be very obstinate, increase the amount of the cascara, while if, on the other hand, they acted with little assistance, we diminished the quantity.

SWEATING FEET.

The National Druggist, May, 1890, gives the following formula for perspiring feet, which is claimed to be most efficacious:—

℞ Perchloride of iron, . . ℥iij.
Glycerin, ... f℥j.
Essence of bergamot, . . f℥ij.

M. Sig.: Apply with pencil or swab.—*Indiana Medical Journal*, July, 1890.

A NEW TÆNIAFUGE.

Kaiser, in the Med. Chir. Rundsch, 1889, p. 572, gives the following:—

℞ Olei tiglii, . gtt.j.
Chloroformi, . ℥j (4.0 grammes).
Glycerini, . ℥x (40.0 ").

M. Sig.: To be taken in two portions half an hour apart. Fast the evening before taking.—*Les Nouveaux Remèdes*, January 8, 1890, p. 3; *Can. Mea. Recora*, July, 1890.

DR. MORTIMER GRANVILLE'S HAY-FEVER REMEDY.

The following powder, used as a snuff, has been found of great use in this distressing trouble:—

℞ Powdered borax, . . 20 grains.
Powd'd capsicum, pure, . 15 "
Carbonate of ammonia, finely powdered, . . 10 "

Mix thoroughly, and place in a 2-drachm bottle. Shake well at each using.

COSMETICS FOR THE PHYSICIAN.

The secrets of the toilet, the arts by which lovely woman hides incipient corrugations, effaces blemishes, and softens and beautifies her cutaneous apparatus and its appendages generally, are rarely investigated by the physician. He contents himself with removing some particularly obtrusive mark, pulling out superfluous hairs, or trying, with spirits and Spanish flies, to fasten in the too deciduous hair. Dr. H. Paschkis, of Vienna, however, has attempted to inaugurate a new era in this line, and has written a book, "Kosmetik f. Aertze," which is intended to enable the physician to add to the æsthetic enjoyment, as well as physical welfare, of humanity. Paschkis' book is said by a reviewer in the Deutsche Medizinal Zeitung to be a thoroughly scientific one. Its formulæ are based upon dermatological knowledge and pharmaceutical experience. As illustrations we are given four formulæ for that popular domestic article, "cold cream." One of them is as follows:—

℞ Lanolin, . . . 10.00
Boracis, . . . 1.00
Aquæ rosmarin., . . 100.00

M. Sig.: Lanolin-milk.

A formula for seborrhœa is the following:—

℞ Kali carbonat., . . 10.00
Aqua destillat., . . 100.00
Olei æth. cinnamom., . gtt.2.00
Olei æth. rosmarin., . gtt.1.00.—M.

For warts our scientific book of beauty prescribes:—

℞ Acidi salicylici, . . 5.00
Collodii, . . . 20.00.—M.

For sweating feet, 5- to 10-per-cent. solutions of chromic acid are recommended.

For dandruff and baldness there are, of course, numerous prescriptions; but, we regret to say, no specific is announced. For a simple wash, as preventive of dandruff, we find:—

℞ Kali carbonat., . . 2.00
Aquæ, ... 100.00

The formula for Hebra's dandruff-water is also given, viz.:—

℞ Spts. æther., . . . 110.00
Tinct. benzoin., . . 15.00.—M.

Mouth-washes and tooth-powders are given, the author warning his readers especially against the use of salicylic acid for these purposes.—*Medical Record; Weekly Med. Review*, July 12, 1890.

ARISTOL IN OZÆNA.

Iodide of thymol—or aristol, as it is called—is strongly recommended by Dr. Löwenstein, of Elberfeld, in ozæna. He gives, in the Internationale Klinische Rundschau, several cases in which this remedy proved more efficacious than any other. In one case the patient, who had previously been treated with iodoform, would have been discharged from his employment on account of the smell of the drug; aristol was then employed with the most satisfactory results, the fœtor vanishing, the ulcerations healing, and the scabby crusts ceasing to

form. Dr. Löwenstein makes use of insufflations, which answer very well, as aristol is a fine powder. He also paints ulcerated spots with a mixture of 1 part of aristol in 10 parts of flexile collodion. It is necessary to keep aristol in a dark-glass bottle, as it is easily acted on by light. It may be remarked that it has a very slight but not unpleasant odor, and that it is remarkably cheap.—*Lancet*, July 5, 1890.

LANOLIN OINTMENTS.

In view of the proposed introduction of lanolin into the Addendum to the "British Pharmacopœia," the treatise of Unna, on its employment in the preparation of cooling ointments and creams, is very interesting. Cooling ointments are, of course, mixtures of fat with water, which, by its continuous evaporation when they are spread on the skin, withdraws heat. Most medical men will have experienced their beneficial influence in the treatment of hyperæmia, rosacea, acne, eczema, lupus, etc. In making experiments on the employment of lanolin in this direction, the author was at first disappointed to find that, even when more than its own weight of water was incorporated with the base, the mixture did not possess anything like the cooling effect of a similar ointment made with wax, oil, and rose-water (in the proportions, respectively, of 1, 4, 3, known as ceratum galeni). Further experiments on the water-absorbing power of various mixtures of lanolin with other fats led to a solution of the difficulty. By long and assiduous stirring, 10 parts of anhydrous lanolin may be made to absorb 16 parts of water. Twenty parts of benzoated lard, similarly treated, take up, at the most, 2 parts of water. Mixing these two water-saturated fats together, an ointment is obtained, consisting of 10 parts of lanolin, 20 of benzoated lard, and 18 of water. If, on the other hand, the lanolin and lard are first mixed, and water gradually added, it is easy to incorporate 40, 50, and even 70 parts of water, which do not spontaneously separate. The ointment thus made contains 10 parts of lanolin, 20 of benzoated lard, and 70 of water. For practical purposes the author recommends that the quantity of water should not exceed 30 parts. His Ung. refrigérans is, therefore:—

℞ Lanolini, . . . 10 parts.
Adeps benzoat., . . 20 "
Aquæ rosarum, . . 30 "
M. ft. ung.

By the substitution of the rose-water by an equal volume of lime-water or solution of lead subacetate, Ung. refrig. aq. calcis and Ung. refrig. plumbi subacet. are prepared. If it be designed to prescribe more active medicinal ointments, the following formula for Ung. refrigerans ichthyoli may serve as a guide:—

℞ Lanolini, . . . 10 parts.
Adeps benzoat., . . 20 "
Aquæ destillat., . . 24 "
Ichthyoli, . . . 6 "
M. ft. ung.

Unna also gives formulæ for what may be more properly termed cooling "creams." These only differ from the ointments by containing exactly twice as much of the aqueous constituent (rose-water, lime-water, lead-lotion, etc.) as the latter.—*Provincial Med. Journal*, July 1, 1890.

COCAINE PENCILS FOR THE SKIN.

A writer in the British Medical Journal makes a suggestion which is easily convertible into a capital article for a cosmetic "special." It is, in short, a pencil or "stick" for use on the chafed and irritated skin, or on skins very susceptible to insect bites, etc. He says that an addition of 2 per cent. of cocaine to the ordinary cocoa-butter pencils converts the latter into a cosmetic remedy, which gives almost instant relief when rubbed over the irritated spot.—*Pharm. Era*, July 1, 1890.

THE TREATMENT OF A RED NOSE.

According to Unna (Lyon Médical, June 1, 1890), redness of the nose is ordinarily due to acne rosacea, accompanied by dilatation of the blood-vessels, and is frequently caused by seborrhœa, which must be combated by ordinary means. When the case is one of simple acne rosacea, Unna recommends the internal administration of ¾ of a grain of ichthyol, and at the same time prescribes lotions of the same substance dissolved in water. At night he recommends the application of an ointment composed of zinc ointment 20 parts, rice-powder 5 parts, sulphur 2 parts.

Where vascular dilatation is a prominent element of the affection, Unna advises puncture of the dilated venous trunks with Hebra's instrument, the procedure to be repeated two or three times a week. In light cases, and as a supplementary treatment in severe cases, he advises the use of ichthyol soap, while warm water should invariably be used for washing.—*Ther. Gaz.*, July 15, 1890.

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
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THE INFLUENCE OF TRAUMATISM ON THE LOCALIZATION OF TUBERCULOSIS.

AN interesting question often arises in the study of individual cases, viz., What factor has determined the selection by a general process of a particular organ? Why should cancer develop now in the uterus, again in the mammary gland, the stomach, liver, pancreas, or bladder? How is it that chronic alcoholism produces meningitis in one, spinal sclerosis in another, and cirrhosis of the liver in a third? What determines the concentration of syphilis upon liver, bone, spinal cord, or brain? A diminished power of resistance, it would seem, must underlie this comparative susceptibility. This weakness may be congenital, but is usually acquired. Long-continued excessive or disordered functional activity is probably a potent factor in preparing any special organ for the invasion of grave organic disease. Such perturbation of function must be accompanied by sharp variations of nutrition and result in organic alteration. These conditions, long present, invite attack.

We need no more than mention, because it is so self-evident, the fact that certain organs or tissues are more directly exposed than others to the invasion of certain maladies. Syphilis is generally initiated upon the genitals and tuberculosis in the lungs.

As they are constantly exposed to the entrance of tubercle bacilli, so the lungs offer to those organisms a choice soil upon which to develop. Hence we find that pulmonary consumption is the commonest manifestation of tuberculosis. But when we ask ourselves why the causative microphytes should fix themselves and, perhaps, long remain fixed, in glandular tissue, in a bone, or the cavity of a joint, the answer does not at once readily present itself. It is important that in clinical examinations we should zealously seek the cause of such localizations.

Dr. Julius Lilienthal has published an excellent article upon this topic in so far as it relates to tuberculosis of bones and joints.* It is an ancient opinion that fungous disease of bone or joint is usually consecutive to local injury, although in the undulations of speculations during modern times as to the nature, identity, or relation of scrofulosis and tuberculosis the older doctrine has generally been ignored. The late Professor Volkmann was, however, a strong upholder of this view. It has been fortified by the experimental investigations of Schüller, to whom we owe so much knowledge concerning the natural history of the tubercular infection. The starting-point of Schüller's researches was the fact that a trifling injury which, in one person, leads to no serious consequence is followed, in another, by a well-marked chronic tubercular process. He concluded that in the latter instance some peculiar idiosyncrasy must reside in the blood or tissues dependent upon the presence of infective material. He argued, moreover, that by inoculation with this material a characteristic inflammation could be experimentally produced in an injured joint. In order to reproduce in animals as exactly as possible the conditions present in the human subject he, in the majority of cases, injected the infecting substance into the lung. The substances made use of were pieces of tubercular lung-tissue, tuberculous sputum, pieces of cheesy glands or granulation from resected joints or lupous tissue, all in the freshest possible state. The right knee-joint was then contused by a pretty smart stroke with a hammer. In rabbits so treated there developed, after a greater or less interval, specific disease of the internal organs with a characteristic inflammation of the wounded articulation, which presented in miniature the picture of tuberculosis as seen in the human knee-joint,—a spindle-shaped swelling of the joint and especially of the articular cartilages,

* Ueber Lokaltuberculose nach Traumen. Von Dr. Julius Lilienthal, in Berlin. Deutsche Medizinal-Zeitung, September 12, 1889

an outgrowth of granulations upon the synovial membrane, with numerous tubercular masses.

In order to demonstrate that these results were not due to trauma alone, Schüller, in another series of experiments, subjected a number of rabbits to the same injury, omitting the inoculation. In these, though some swelling of the joint ensued, it gradually subsided. When the joint was opened there were merely found blood and coagula within the synovial membrane, in the periarticular tissues, and little extravasations in the cancellous tissue of the bones. No trace of tubercular disease was apparent upon either microscopic or macroscopic observation. From these inquires he determined that traumatism plays an important point in the etiology of local tuberculosis. For it was always the injured joint which became the seat of disease, while the other articulations remained uninvolved. But, in order to render the study complete, it was furthermore necessary to decide to what traumatic alterations the precipitation of tuberculosis was due. Here the thought suggested itself that, as inoculation had been performed at a distant spot, the blood had become the vehicle of infection, and that the extravasations within and around the joint had been the exciting cause of the local inflammation. Accordingly, when blood taken from an animal just dead of tuberculosis was injected in the same manner as in the preceding experiments, precisely the same results were obtained. He found, also, that the blood of these inoculated animals was capable of propagating the disease in others. From these various experiments the inference is warranted that a wounded joint furnishes an admirable culture-soil for tubercle bacilli whenever these exist in any portion of the body.

That these conclusions, derived from experimentation, are logically and directly applicable to the human subject, Professor Volkmann bears confirmatory testimony. "The great majority of cases of bone and joint tubercular disease," says that high authority, "are due to traumatic influence,—not, indeed, to severe injuries and wounds, but to slighter accidents, as bruises and sprains, which in those without predisposition never lead to serious mischief. It is indubitable that strains of the wrist or ankle are often followed by tuberculosis of those joints. The development of spondylitis in children is, likewise, often consequent to an injury. After severer injuries, as simple fracture or deep wounds, the very energy of the reactive inflammation proves unfavorable to the colonization of the tubercle bacilli, as is manifest from numerous analogies drawn from the lower animals. But trifling injuries, attended by extravasations in the spongy tissue of bone, moderate synovial exudations, and a certain alteration of nutrition appear to afford more favorable conditions for the development of the bacillus tuberculosis."

In this statement, Volkmann identifies the exact factor to which Schüller's experiments point as the excitant of disease in a predisposed individual; that is, the hæmorrhage into and in the neighborhood of the joint. Volkmann's assertion is, however, too broad, since Dr. Lilienthal relates in his paper a number of instances in which local tubercular disease was implanted upon the site of severe contusions or fractures. Comparatively few cases of the latter have, it is true, been placed upon record, but they are, in all probability, of more frequent occurrence than is supposed. One of the cases cited by the author is so impressive as to justify a brief allusion. A 2-year-old boy had received, one year previously, a severe injury to the head. The active suppuration which followed healed, but the cervical glands remained swollen. Eight weeks previously the child fell, striking his left scapula upon an iron box, while at the same time a table fell upon his chest. When examined he was weak, pale, and feverish, with a hoarse, barking cough. In the left supra-clavicular fossa two fistulæ remained after the opening of an abscess. The entire left side was immensely swollen, painful to pressure, and fluctuation was apparent. In the axilla was an abscess as large as a cherry. The scapula was raised from the thorax by a fluctuating tumor. The tissues over the scapula were swollen, but fluctuation was not decidedly present in this situation. The entire vicinity of the shoulder-joint was swollen. Active motion in the shoulder was impossible, and passive motion very limited.

When the child was chloroformed, a cheesy, lymphatic gland was found above the clavicle, and the soft parts around it were riddled with

sinuses. Upon cutting through the pectoral muscles tubercular granulations were found upon the ribs. A small quantity of pus was encountered, and the intercostal spaces seemed to be penetrated with sinuses, through which granulations protruded and pus escaped, but this supposition was not verified. At any rate, the discharge of pus was not increased by breathing; but certainly tuberculous pus could be expressed both from the swelling upon the side and from that beneath the scapula. Pus and granulations escaped from the axillary swelling when incised. The abscess beneath the scapula was enclosed by a thick, fibrous layer, lined with granulations. The pus-cavity beneath the scapula communicated with those of the shoulder and axilla. The swelling over the scapula was œdematous, but not purulent.

Free evacuation, iodoform dressing, and good drainage brought about a cure of this alarming condition at the expiration of four or five weeks.

The severe injury had evidently in this case produced an immense hæmatoma, which subsequently became tuberculous. Such an extensive outbreak of local tuberculosis, invading glandular, muscular, and bony tissue, is rarely observed. The stagnant blood in a tumor of this kind must offer a fertile field for the growth of bacilli, which were presumably present in the child, judging from a hereditary predisposition and the existence of enlarged cervical glands.

Finally, from experimental and pathological evidence it may be inferred that, in the great majority of cases, tuberculosis of bone or joints is a secondary, not primary, manifestation, called into being by the influence of direct local injury.

STUDIES IN PURE AND APPLIED PHYSIOLOGY.

OF the present school of French physiologists and scientific physicians, none is better known or more highly esteemed than M. Ch. Féré. We have from time to time given our readers abstracts from his communications to the French medical and scientific societies, and published in our French exchanges. His physiological, pathological, and clinical studies of epilepsy have recently been collected and systematized in a work of the highest value.

There lie now before us two pamphlets containing various papers read by M. Féré before the Biological Society during the last year.* These papers report the experiments or observations upon which the author's elaborate work is based. The first article in the series describes an investigation carried on in collaboration with E. V. Perruchet in order to ascertain the thoracic circumference and vital capacity among epileptics. It is known that a certain relationship exists between epilepsy and phthisis, and that sufferers from the former are often finally carried off by the latter disease. It therefore became of interest to determine whether epileptics presented in their thoracic development the characters so often found among consumptives. For this purpose the circumference of the chest at the level of the nipples was studied in comparison with the height and the vital capacity (Hutchinson). The result of examination showed an inappreciable divergence from the normal proportion between height and chest measure. Nevertheless, the actual vital capacity in epileptics was found to fall far below the figures given by Hutchinson. That epileptics are more defective from a physiological than an anatomical point of view is the apt expression employed by the authors. The thoracic muscles, as well as those of the extremities, appear to be weakened. Another important communication by M. Féré *solus* relates to arterial pressure during epileptic paroxysms and in anger. During the aura there is an increase of pressure amounting to 200 or 300 grammes. This strong pressure is maintained during the paroxysm, after which it falls below the normal. The depression continues for several hours, sometimes for a whole day. After several fits, especially when they have followed each other at short intervals, the depression may equal 300 to 400 grammes, and continue for several days. During an access of mental excitement the increase of tension may attain 200 or 300 grammes, falling below the normal when the agitation has ceased. The increase of pressure may be checked by means of Junod's appa-

* Extraits des Comptes rendus des séances de la Société de Biologie.

ratus or by mustard baths. Augmented tension seems to be one of the physiological conditions in the production of epileptic paroxysms in all their forms. Consequently, those applications which restrain such increase without abstraction of blood are worthy of trial when the discharge can be foreseen, or even during the attack. Epileptics are subject to fits of anger, and M. Féré was able to demonstrate that these were attended by a considerable rise of tension. This fact serves to explain how a convulsive attack may be pre cipitated by violent anger. This common character of the emotional state and the epileptic paroxysm justifies the comparison which has been made, notably by Echeverria, between wrath and the psychic agitation of epileptics. A rise of pressure during anger is not peculiar to epileptics, but was demonstrated in individuals free from that disease.

In a "note upon artificial modifications of arterial pressure," M. Féré follows up a statement of Brown-Séquard that ligature of the limbs may be employed in comatose conditions to diminish the quantity of blood in the trunk and head. A bandage applied to both limbs in such a manner as to arrest the venous flow produces, at the end of four or five minutes, a decrease of arterial pressure. When the constriction is removed the pressure gradually remounts, but does not attain the original height. Ligature of one limb by Esmarch's bandage, on the contrary, increases pressure, which falls when the bandage is removed. This phenomenon accounts for the syncope sometimes observed after removal of Esmarch's apparatus. The last experiment was performed upon an epileptic, and demonstrates that, although an increase of pressure is one of the conditions of an epileptic attack, it is, nevertheless, not the determining condition, since no epileptiform manifestation ensued, although the patient had, on the day preceding, suffered from morbid excitation.

An exact study of the distribution of the muscular force of the hand and foot by means of a new analytic dynamometer, and a note upon the time of association (of ideas), the conditions which cause variation in the time, and some consequences of these variations are ingenious and important papers, which deserve more extended consideration than can be here given, and which we purpose to notice upon some future occasion.

The author's observations upon certain effects of cold upon the human organism and upon the immediate and consecutive effects of the intra-venous injection of the urine of epileptics have been heretofore published in our columns.

CORRESPONDENCE.

NEW OPERATION FOR REPAIR OF LACERATED PERINÆUM.

I wish to bring before the notice of my gynæcological brethren an operation I have designed for the restoration of a lacerated perinæum, easy of performance, and which will, when properly executed, form a good perineal floor, and, I might almost say, practically a new perineal body. The patient, having been prepared by the usual preliminary steps required for the old operation when under the influence of an anæsthetic, is placed in the lithotomy position. The left index finger being introduced almost its entire length into the rectum, a long, straight, double-edged bistoury is made to pierce the tissues in front of the anus at right angles to the vulva, and, guided by the finger in the rectum, is made to penetrate the septum for 2½ inches upward, the incision being enlarged laterally to 2 inches as the knife is withdrawn.

The patient is then turned on her side, and, on the points of incision being pressed together, a lozenge-shaped opening will be seen, and when all sutures required have been introduced, and are properly adjusted and approximated, the two cut surfaces are brought into direct apposition. The sutures are introduced by a strong, cycle-shaped needle, with eye near point, mounted on a handle, strong silver wire being the suture preferred.

The needle is introduced at lower edge of incision, and, guided by a finger in the rectum, is made to travel over the cut surface to its full depth above, describing the arc of a circle; and, on point of needle appearing directly opposite, it is threaded with suture and drawn through. On the ends of this suture being drawn together with the fingers, a good idea can be formed of how many additional stitches may be required. When all considered necessary have been inserted and approximated, a finger of each hand passed into rectum and vagina will at once recognize the gain in thickness of septum, the external tissue being pushed fully an inch forward from anus, and forming a thick and solid perineal body.

The incision being a deep one, on union taking place between the raw surfaces, a considerable amount of support must be afforded in cases where a pessary is required, or where there is much tendency to prolapse of uterus or vaginal walls. My experience of the operation, though up to the present limited, has satisfied me with the results, and, there being no loss of tissue whatever, should the operation fail, it cannot add any difficulty to a subsequent one.

Even should the perinæum be lacerated to verge of anus, what I describe can be done. I find that leaving the sutures for four days is generally sufficient, but, if I am in doubt as to the union being strong, I cut the wire, but leave it *in situ* for a day or two longer, thus affording some support and relieving the strain on the edge of suture-holes; and I also support the parts by long strips of adhesive plaster, carried from hip to hip over new perinæum.

The wire should be stout and not too tightly twisted. My friend, Dr. More-Madden, has kindly given my operation a trial, and was much pleased with the results, especially in one of his cases, where the old plan of operation had been tried previously, but failed, owing to the patient's poor state of health and want of healing power. The advantages of my plan of operation are briefly these:—

1. The simplest of performance as yet proposed, no danger of hæmorrhage, the surface when dry being brought together.

2. No danger of sepsis, as the incision is not open for the admission of any discharge from either vagina or rectum during healing process.

3. No loss of tissue, and consequently no harm done should the operation fail.

ALEXANDER DUKE, F.C.P.I.,
Gynæcologist Steeven's Hospital, Ex-Assistant Physician Rotunda Hospital, etc.

May 9, 1888.

A REBUTTAL.

EDITOR MEDICAL BULLETIN:—

Dr. A. Livezey does very well to write up his chips, and they are really valuable to the young M.D., but his accounts of his Florida practice are very poor productions. First, if the negro man's penis is, as he describes it, of such abnormal size, perhaps the good Dame Nature has made a like-sized vagina in the negress to accommodate it. Make measurement, Doctor. His cases of leucorrhœa were among some negresses that could read and write, perhaps, for, unless he manipulated his injection-pipe himself, as a general rule these people are so ignorant and superstitious as not to be able to see much virtue in injections. But, to make the matter short, the Doctor is on the wrong track. Negro women begin to bear children by the time they are 13 or 14 years old. They rarely ever have need of a physician in their accouchements. As a general thing, they are mothers of eight, nine, and twelve children. I have practiced here among them for more than thirty years, not exactly in Florida, though I have a brother who practices in that State. But the part which stings is the charge that the doctors here allow the negroes to suffer and die by overcharging them. It is Mr. Nigger in politics, it is Mr. Nigger in the pulpit, and now it is Mr. Nigger in the doctor's shop. We poor devils down here who practice the healing art may count on safely making the acquaintance of his Satanic Majesty down in Hades. I am in a section of country thickly populated with negroes, and I only wish my Bro. Chip Livezey would hang out his shingle here for just twelve months; and if Mr. Nigger did not put him where his pedal extremities would be able to come out of the toe of his boot, shake hands with the dew of the morning, and he made to exclaim, in the agony of his poverty, "Oh, that I had never seen Mr. and Mrs. Sambo and the Land of Flowers!" you can put me down *non compos mentis*.

Yours, etc.,
W. L. WALLACE.

NEW INVENTIONS.

NEW ASEPTIC APPLICATING AND SWAB-HOLDING FORCEPS.

The instrument consists of two well-polished, slender arms, of the best spring-steel, 6¾ inches in length, united by a French, or separable, lock. These arms have, at their proximal ends, two rings, by means of which they are held in the fingers, and at their distal ends they terminate in two oblong, flattened jaws, which are sharply serrated on their contiguous surfaces, and meet on a horizontal plane, the jaws being ⅜ inch in length and $\frac{3}{10}$ inch in breadth. About 1½ inches from the rings the arms make an angle from their vertical plane that places the upper border of the upper ring below an imaginary line continued through the long axis of the arms. The handle, which is thus formed, is made fast by a ratchet immediately in front of the rings, on which there are three notches. The instrument, in this manner made, combines length, slenderness, strength, and lightness.

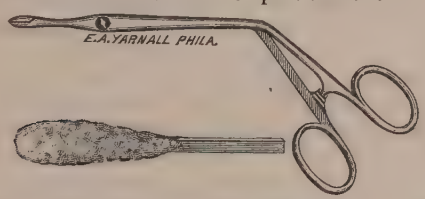
Small pieces of absorbent cotton are rolled around the ends of ordinary wooden tooth-picks, matches, or splinters, broken in suitable lengths (about 1 to 1½ inches), and placed in the jaws of the instrument, where they are made fast by bringing the arms together and securing them through contact of the notches on the ratchet. The angle at which the swabs (or pieces of

cotton, prepared as above described) are placed can be varied at the pleasure of the operator, and the vertical position of the jaws, with the angle in the handle, enable him to touch, from within, any point on the circumference of a circle with perfect facility, and, at the same time, have an unobstructed range of vision.

A number of swabs can be made and kept in a convenient place, which will give the operator speed in replenishing the instrument, and, at a nominal expense, keep him supplied with a fresh swab for each application. The pieces of cotton can be left *in situ* by wrapping them loosely or using a smooth, tapering stick, which is drawn away while holding an opposing surface in contact with the cotton.

The instrument, as may readily be seen, through its high polish, separable nature, and presenting a minimum of roughened points that may retain inoculable substance, is aseptic, and, by using properly prepared cotton and sterilizing the sticks, will meet all the demands of a thoroughly aseptic applicator.

The instrument is designed for cleansing and making liquid or other applications to limited areas or sinuses in the rectum, vagina, throat, nose, and ear, and to offer a convenient substitute, in ordinary use, for the brush, probe, or wire applicators. It meets the uses of the brush, and, coincidently, does away with the second use of the same applicating surfaces. In the wire applicators, it possesses most of their advantages, eliminates the time and trouble accompanying each removal of the cotton from the wire, and saves the contact of the hands with the substance used in the application. It is suggested, also, as a basis for a nitrate-of-silver port caustic.



The above cut is a good representation of the instrument (the angle in the handle being exaggerated); also a full-sized prepared swab. This will probably impress the reader with its simplicity and possible utility. It is manufactured by Mr. E. A. Yarnall, of this city.

WALLER O. GREEN, M.D.
1320 WALNUT ST., PHILAD'A.
August 1, 1890.

THE editor of the MEDICAL BULLETIN acknowledges the receipt of a large and beautifully-executed engraving of Rembrandt's celebrated painting, "The Anatomical Lecture." The reproduction is issued by the Cincinnati Gravure Company, of 4 and 5 Main Street, Cincinnati, O.

MEDICAL NEWS AND MISCELLANY

THE modest constabulary of an English town refused to allow a stud-horse to be taken through the streets.

DR. OLIVER WENDELL HOLMES very tersely terms the members of the medical profession the "soft-handed sons of toil."

THE fourteenth annual meeting of the American Dermatological Association, was held at Richfield Springs, New York, on September 2d, 3d, and 4th, 1890.

A NEW SCHOOL.—"Doesn't Doctor Benson tipple a little more than he ought to?"

"Yes; you know the doctor belongs to that school whose motto is: Similia similibus decanter."

MEDICO-CHIRURGICAL COLLEGE OF PHILADELPHIA.—W. C. Hollopeter, M.D., has been elected Lecturer on Diseases of Children; and Ernest B. Sangree, M.D., Director of the Histological Laboratory.

DETECTION OF TERPIN IN THE URINE.—M. Loison has devised a simple plan for detecting terpin in the urine in very small quantity, based on the fact that this substance, when treated with hydrochloric acid evolves a hydrocarbon which colors chloride of antimony red.—*Lancet*, June 21, 1890.

DR. W. VON ZEHENDER announces to his friends, colleagues, and readers of the Monatsblätter für Augenheilkunde, that he has removed from Rostock to Munich, to which place either personal communications or communications to the Monatsblätter should henceforward be addressed.

CHICAGO POLYCLINIC.—The faculty of this institution have made the following appointments:—

Dr. G. Fütterer (late chief assistant to Professor Rindfleish, of Würzburg), Drs. F. C. Hotz and E. Fletcher Ingals, Professors of Internal Medicine, Ophthalmology and Laryngology, respectively; also, Drs. Charles F. Stillman, P. S. Hayes, and J. M. Patton, Associate Professors of Orthopædic Surgery, Electro-Therapeutics, and Medicine, respectively.

A CURIOUS use of salol as a diagnostic agent is made by Pal, of Vienna. Acid compounds of phenol are broken up by the secretions of the pancreas and of any other part of the intestinal canal, except the stomach. If, then, salol be given, and the urine responds to the tests for salicylic acid, the salol has passed the pyloric orifice. In two

cases where this reaction was not given, occlusion of the pylorus was diagnosed; and this was confirmed by the autopsies.—*Times and Register*, July 5, 1890.

Death from Tight Lacing.—A death from tight lacing is briefly reported in the Lancet for June 14th, in the person of an actress of one of the Berlin theatres. This young woman retired to bed as usual one night, after taking part in the performance, apparently in good health, but she was found dead in her bed in the morning. She practiced tight lacing to an extreme degree, and her premature demise was undoubtedly referable to a cardiac syncope brought on by that injurious habit.—*Journ. Am. Med. Asso.*, July 12, 1890.

Many friends of Professor von Nussbaum, the distinguished head of the Surgical Clinic at Munich, will learn with regret that leave has been granted to him to retire on a pension. He has taught surgery in the University of Munich for more than thirty years, and his growing infirmity makes him anxious to resign his chair. The severe attack of influenza which prostrated him in the early part of the year has had a bad effect on his health. He has long suffered from partial deafness, and recently his eyes have begun to fail, while his left hand is disabled. His place will be taken provisionally by Professor Angerer.—*Lancet.*

Congenital Exophthalmic Goitre.—March 29th, Mrs. R., aged 40, was delivered of a male child, weighing about 9 pounds. Position left occipito-posterior, presentation vertex and right hand, cord once around the neck. Labor in other respects normal. The mother had previously borne six healthy, living children. She now has a large exophthalmic goitre. The child was likewise possessed of one, which was larger, according to the size of the child, than the mother's. The child gasped but a few times after delivery, and the usual methods failed to establish respiration.—A. H. Tufts, in *Northwestern Lancet.*

A Living Emetic.—A servant who did not find her way very promptly to the kitchen one morning was visited by her mistress, who found her in bed, suffering from pain and violent sickness. She explained that she had a cold, and had taken some medicine which had been recommended for the children. "How much did you take?" asked her mistress. "Well, mum, I went by the directions on the bottle. It said, '10 drops for an infant, 30 drops for an adult, and a tablespoonful for an emetic.' I knew I wasn't an infant nor an adult, so I thought I must be an emetic, and the pesky stuff has pretty nigh turned me inside out."—*Medical Brief.*

Imperforate Hymen as a Cause of Epilepsy.—In a recent issue of the Lancet, of London, Dr. Usher Somers reports a case of epilepsy manifestly due to imperforate hymen. A young woman of 20, who had never menstruated, exhibited a tumor in the lower abdomen and also suffered repeated attacks of epilepsy. Examination revealed the vulvar orifice obstructed by a fluctuating swelling, which proved to be the hymen occluding the vagina and preventing exit to an enormous amount of menstrual fluid. Excision of hymen caused a speedy disappearance of the tumor, whereupon the attacks of epilepsy permanently succumbed.—*Medical Age*, July 10, 1890.

An easy and practical method of rendering abrasions of the cornea visible has been introduced by Dr. R. L. Randolph, of Johns Hopkins University. He instils into the eye a drop or so of a solution of fluoresceïn (fluoresceïn, gr. x; sodii bicarb., gr. xv; aquæ, f℥j), when every excoriation of the cornea becomes at once stained, while the uninjured epithelium does not stain at all. The stained portions of the cornea retain their color from half an hour to several hours. This staining of every minute point whence the epithelium has been removed enables the observer to see the full extent of the corneal injury, and is of especial aid in locating small foreign bodies in the cornea.—*Cleveland Med. Gaz.*, July, 1890.

An Easy Method of Detecting Sugar in the Urine.—A new procedure to detect the presence of sugar in the urine, recommended by Dr. de Becker, of Cairo, may be found interesting. In the manufacture of paper for visiting-cards, potash is employed to render the paper more heavy and more solid. It is sufficient, says Dr. de Becker, to dip a white card in a solution of the sulphate of copper and to leave it to dry in the open air or exposed to fire. If on this card thus prepared one should trace with a lucifer-match, dipped in the urine to be examined, a line, this latter becomes brown if there is any sugar in the urine, and the coloration becomes browner the more sugar it contains.—Paris Letter in *Amer. Pract. and News*, July 19, 1890.

According to the Boston Medical and Surgica Journal, June 12, 1890, the literature of the past year contains reports, more or less complete, of 2 cases of pancreatic hæmorrhage, 2 of hæmorrhagic pancreatitis, 3, probably 4, of gangrenous pancreatitis, in addition to the 5 cases of acute pancreatitis of earlier occurrence, and publicly alluded to for the first time by Renvers and Hausemann, a total of 10 or 11 cases of acute pancreatitis, in 2 of which a correct ante-mortem diagnosis was more or less definitely made. This statement is confirmatory of the conclusion that acute inflammation of the pancreas is much more

frequent than is generally thought. It is to be hoped that the existence of this disease, which seems securely based upon abundant anatomical and clinical evidence, may soon be strengthened and supported by experimental investigations.—*Coll. and Clin. Record*, July, 1890.

HERNIA OF AN OVARIAN CYST IN THE GLUTEAL REGION.—M. Chénieux (of Limoges) reports this rare tumor of the gluteal region. The tumor was in the right gluteal region, and was of such size and consistence as to simulate a lipoma or a deep abscess. During its removal, which was easily accomplished, it was discovered that it consisted of a cystic degeneration of the ovary. The tumor removed, a pedicle was left, almost entirely formed by the uterine cornu, which was sutured to the edges of the wound, in which a drainage-tube was left. Recovery was rapid, and without dangerous symptoms. The patient was a multipara aged 40 years. It is suggested that the large number of pregnancies in this case may have in some way contributed to the production of this rare variety of hernia. The condition is very rare. The report of Deneux, in 1872, recorded but eight similar cases.—*Le Bulletin Médical*, May 25, 1890, p. 483; *Satellite*, June, 1890.

THE LAST OF OREXIN.—Orexin may now, in all probability, be relegated to the obscurity which it seems to deserve. We have already published the testimony of several independent observers who have failed utterly in obtaining any action from this substance, which is claimed to possess remarkable powers as a stimulant to the appetite. Still another paper, pointing in the same direction, has been published by Dr. George Müller in the Therapeutische Monatshefte for June, 1890.

He has tested its use in 5 different cases, in all of which orexin proved to be absolutely inert. Of course, these 5 cases in themselves would not be sufficient to detract from the reputation of an established remedy, but when they are taken in conjunction with the number of other cases which have been reported it seems that further studies with this substance are uncalled for.—*Therap. Gaz.*, July 15, 1890.

HEREDITARY TUFT OF WHITE HAIR IN THE FOREHEAD.—Isolated cases of congenital canities are far from uncommon, but the instances in which this occurs as an hereditary trait are very unusual. A boy, aged 13, lately came under my care with lupus of the nostrils, for whom I performed Rouge's operation of exposing the nares by detaching and raising his upper lip. He was the possessor of a small tuft of perfectly white hair, which sprang from the centre of the forehead. It appears that this is hereditary. The mother has an identical patch, so has her father and several of his sisters, and it exists in some of their children. The grandchildren of this boy's mother also exhibit the same peculiarity; so that it can be seen occurring in members of four generations.

A case is related by Riggoli, of an Italian family in which a similar tuft of white hair occurred in girls and boys through four generations, although absent in some members of the family.—JOHN H. MORGAN, in *Br. Med. Journ.*, July 12, 1890.

NICHOLSON (W. P.) ON A DECEPTIVE LIPOMA.—A man presented a pear-shaped tumor beginning at the extreme upper part of the scrotum on the left side, and hanging from its pedicle-like base, so as to resemble a divided scrotum. The history was vague, being traced to an injury twelve years before, with a gradual increase until a few months since, when it grew much more rapidly, so as to cause trouble by its weight. It appeared clearly to fluctuate, and was apparently translucent. I thought there was some solid matter, and it was unmistakably cystic. In cutting down as carefully as possible on the sack in order to prevent the escape of the fluid, I was much surprised to see a piece of fat come out of the wound, and then only was a correct diagnosis made, and a fatty tumor found, extending from the external abdominal ring to the ischio-rectal fossa, and so adherent as to require a long and careful dissection to remove it.—*Practice*, April, 1890; *Med. Analectic and Epitome*, June, 1890.

SCHIMMELBUSCH, ON A NEW DISEASE OF THE MAMMARY GLANDS.—The glands were large, but showed nothing special externally. On palpation the feeling was experienced of grasping a bag filled with smaller or larger stones. The glands were converted into hardish lumps, varying in size from a bean to a hazel-nut. The overlying skin was fairly movable, and the individual nodules were also. The subjective symptoms were very slight, and limited to dragging pains, especially after exertion. Both breasts were generally affected. Of 3 cases observed by von Bergmann the first was a young lady, the second a powerful woman of 33, the third a woman of 54. The latter had felt the lumps in her breasts for eighteen years. Later, hard and painful tumors developed in both breasts, which were extirpated, and the newer growths proved to be carcinoma. The nodules in the left breast were cystic degeneration of glandular tissue. The only treatment was amputation. Lauenstein found in the case observed by himself that a dark, characteristic, green fluid could be pressed from the nipples. Von Bergmann remarked that the growth did not in any way implicate the interstitial tissue, but the glands only.—*Med. Press*, May 21, 1890; *Med. Analectic and Epitome*, June, 1890.

THE TREATMENT OF RECTO-VESICAL FISTULÆ.—Dr. E. Herczel (Beitr. zur Klin. Chirurgie, Bd. v., Hft. 3) states that these fistulæ are of great rareity. A spontaneous cure seldom takes place, and, according to Cripps, 73 per cent. of the patients die within two years from complications. These fistulæ are most frequently observed between the bladder and middle portion of the rectum or the sigmoid flexure. As regards treatment, in no case has obliteration of the fistula been effected by the performance of colotomy, and the author, therefore, would confine this operation to those cases which are due to perforation of a malignant new growth, and in which radical operative procedures are unavailable. The best method is to freshen the margins of the opening, and bring them together by sutures. Herczel believes that the fistula cannot be usually reached by way of the bladder after performance of a supra-pubic cystotomy as proposed by Thompson, and recommends the rectal method of suture which was first practiced by Sims in 1861. The attempt to gain access to the fistula by the performance of laparotomy has been made by Czerny in 1 case, but without success.—*Centralblatt für Chirurgie*, No. 19, 1890.

CHANGE OF COLOR IN A COCK'S FEATHERS FROM FEAR (Indian Medical Gazette, April, 1890).—An inhabitant of Plantiéres, in the neighborhood of Metz, sent the following communication to the Metz News: "I have a Spanish cock, possessed of a beautiful black coat of feathers, without a trace of any other color. This proud Spanish Don, while out one evening, in all probability on a voyage of discovery, happened to get into a pig-pen. These plebeians, not being at all hospitably inclined, treated him shamefully, and would assuredly have killed him, if his woeful cries had not attracted help. He was freed from his anxious position, and carried safely back to his harem. A sufficient punishment for undue curiosity in prying into his neighbor's affairs would have been the loss of a few tail-feathers, but the gods did not so will it, and the next morning the cock that the day before had wandered through the garden clad in youthful beauty now appeared in the hen-yard hoary with age. The feathers of the head had become completely white, and on the back and neck about half of the feathers had changed color, so as to give him a speckled appearance."—*Monatshefte f. Prakt. Dermatologie*, February 1, 1889; *Occidental Medical Times*, January, 1890; *Prov. Med. Journ.*, July 1, 1890.

TELLURATE OF POTASSIUM IN THE NIGHT-SWEATS OF PHTHISIS.—In a recent number of the Wiener klin. Wochenschrift, Dr. Edmund Neusser reports upon his experiments with the tellurate of potassium ("kali telluricum") in the night-sweats of phthisis. He is the first who has tried tellurium on man, this substance having hitherto been tried only on animals. Starting from an antiparasitic stand-point, he wished to ascertain the value of tellurium in the cases under consideration. He discovered that the tellurate of potassium suppressed, or at least considerably diminished, night-sweating in a great number of cases. The drug was given in pills, at first in doses of 2 centigrammes. In most cases this dose was sufficient; but some patients became accustomed to the drug after about a week, when the dose had to be doubled. In some cases appetite seemed to improve, and the drug seemed also to have a slight narcotic effect in the beginning. Toxic symptoms never occurred, and only after large doses slight dyspepsia was induced. The sole drawback was the intense smell of garlic in the breath which occurred in the beginning of the treatment; the patients themselves, however, were not conscious of this. Neusser's observations have hitherto been made on severe cases in the cavernous stage of the disease, in which a favorable influence on the real process could not be hoped for. —*British Med. Journ.*, July 5, 1890.

GRAVES'S DISEASE IN PREGNANCY.—The relation of this affection to sexual life in woman has long been recognized. Dr. Häberlin, of Zurich, has recently described an interesting case which was under his care last spring. A woman, aged 36, who had borne six children, became pregnant in August, 1889. Strange nervous symptoms then developed, such as emaciation, shakiness of the hands, severe palpitations, and a feeling of constriction around the throat. She spent the summer at the sea-side; the above symptoms almost disappeared, but exophthalmos and swelling of the thyroid body occurred, with troublesome vomiting. At the eighth month, death of the fœtus and partial detachment of the placenta took place. Much hæmorrhage was the result, but the fœtus and placenta were safely extracted on March 9, 1890. The fœtus was putrid, the placenta contained a few white infarcts and abundant extravasations. After delivery, the exophthalmos diminished; on March 14th the eyelids were, for the first time, completely closed during sleep. On April 15th the patient was in a very favorable condition, the palpitations were but trifling, and the goitre had almost disappeared. Dr. Häberlin, who published the above case in the Centralblatt für Gynäkologie, considered that Graves's disease here set in as the result of conception, and was the direct cause of the death of the fœtus and the premature labor. Dr. Benicke has already described an almost precisely similar case where detachment of the placenta, normally attached to the uterus, occurred in the thirty-sixth week of pregnancy. —*Br. Med. Journ.*, July 12, 1890.

A Medical Impostor in a Vienna Hospital.—Considerable sensation has lately been caused in Vienna by the discovery that a "Dr. Peratoner," who had been formerly engaged in a bank, where he had been guilty of serious frauds, and who had never been a regular medical student, had, by means of a forged diploma of the University of Innsbruck, got himself admitted as an "aspirant" into the Wiedener Hospital, one of the three largest Vienna hospitals. He remained there for one year and a half without his medical ignorance being detected. About three weeks before his arrest he had been named "Secundararzt" or "Secundarius." It is stated that "Dr." Peratoner had never even passed the Maturitäts-Prüfung, as it is called in Austria-Hungary, namely, a preliminary examination which must be passed before one can be admitted to a university. It should be explained that "Secundararzt" or "Secundarius" corresponds to the "house-physician" and "house-surgeon" in England, and the *interne* of French hospitals, the only difference being that the functions of the former include both medicine and surgery. The members of the visiting staff are called Primarärzte or Primarii. It is still a mystery how a person with a forged diploma and with no real medical training should have continued to hold a responsible post in a large hospital, under the eyes of several leading members of the profession in Vienna, for a year and a half without detection. More will doubtless be heard about this remarkable case when "Dr." Peratoner is put upon trial, as he shortly will be.—*British Med. Journ.*, July 5, 1890.

Fatal Hæmorrhage from the Internal Saphenous Vein.—A. G., aged 23, a laundress, single, was walking home on June 20th, about 8 P.M., when another girl with her noticed blood on the pavement, evidently coming from A. G. She pointed this out to A. G., and they hurried along to get home, but, after going nearly 400 yards, she was unable to go any farther, and fell down in a fainting condition. She was lifted on to a hand-cart and taken home, but found to be dead on arriving there. A post-mortem examination, made thirty-six hours after death, showed extreme blanching of the body, there being hardly any post-mortem stasis visible. Rigor mortis was well marked. On both legs, just below the knee, was a circular mark, the result of tight garters; on the inner side of the left leg were three superficial ulcers about the size of half-crowns; on the inner and posterior surface of the right leg were five ulcers. One of these, measuring about 1½ inches by 1 inch, situated on the inner surface of the leg about 4 inches below the knee, had extended into the internal saphenous vein, there being a circular orifice through which a probe could be easily passed. The superficial veins of both legs were very varicose. The viscera were all very pale. The points of interest in this case are the pernicious effect of wearing garters below the knee, especially in occupations involving long periods of standing, and the rapidity with which fatal hæmorrhage ensues, which is said to be due to the destruction of the valves in varicose veins, and which was probably increased by attempts to raise the patient after nature had attempted to arrest the hæmorrhage by producing a fainting condition.—Robert Capes, M.R.C.S., of Kingston-on-Thames, in *Br. Med. Journ.*, July 12, 1890.

Rupture of the Vagina.—Dr. Himmelfarb, of Odessa, writes on the causation of this injury, in the Centralblatt für Gynäkologie, No. 22, 1890. He has carefully searched the literature of the subject, and discusses cases in his own experience. The great majority of cases occur, no doubt, in association with labor. The remainder appear less frequently due to the introduction of foreign bodies than to violent coitus. The former is the alleged cause in some cases really due to the latter. Rupture of the vagina in very old subjects during connection is a well-recognized injury. Dr. Himmelfarb describes a case, and a specimen illustrating the injury in age is preserved in the museum of St. George's Hospital. A similar accident in young subjects is hard to understand. Zeiss and Frank have recorded cases. Dr. Himmelfarb relates another, where, in a healthy woman, aged 24, parametritis, peritonitis, and fatal pyæmia followed coitus. The posterior wall of the vagina was found to be torn through. Connection had frequently taken place after the first occasion, when the pain was very severe, notwithstanding the suffering which it caused. Dr. Himmelfarb thinks that rupture of the vagina is probably more frequent than supposed in cases of sudden pain with no sign of injury about the external parts, and in such cases coitus is the true cause of the rupture. Dr. Frank, of Prague, described two cases before the German Medical Association of that city last autumn. In the first, the patient was 32 years of age; she recovered from the injury, which was certainly inflicted during coitus. In the second, there was vagina duplex; the right half ended in a blind sac, the left communicated with the uterus. The hymen on the right side and the septum were lacerated in coitus. The entire subject is not without medico-legal interest.—*Lancet.*

Uncomplicated Angina Pectoralis after Influenza.—To the various and interesting series of sequelæ to influenza recorded in the Journal I have to add a case of angina pectoralis, which owes its origin to the epidemic which broke out here also at the end of last year.

On January 14th I was called to see the advocate, Mr. M., a strong, healthy man of 52. He

had an attack of influenza of gastric form without any catarrhal mischief in the lungs. On January 20th he was suddenly seized at night with a severe pain in the region of the heart, extending backward to the scapula, left shoulder, and arm, and accompanied by a sense of faintness and of impending death by suffocation. Irregular action of the heart and depression, face pallid and lips livid; anxiety occurring in paroxysms. Urine passed in abundance without albumen or sugar. The attacks came on during sleep, and were induced rarely by emotion or by exposure to cold air; each lasted from some few minutes to half an hour, and occurred usually at an interval of one or two days.

The influence of the specific poison of influenza in connection with disorders of the pneumogastric and sympathetic nerves is here conspicuous.

The case has improved very much under treatment. During the attack sedatives, with the administration of nitrite of amyl, as recommended by Dr. Lauder Brunton, acted beneficially. During the interval an appropriate diet and treatment was directed; the different anti-spasmodic and nerve tonics have been prescribed with marked benefit. The patient, after having suffered for three months, gradually improved, and finally seems now to be restored to health.—JOHN G. CARAGEORGIADES, M.D., of Limassol, in *Br. Med. Journ.*, June 21, 1890.

A DANGER IN THE USE OF JEQUIRITY HERETOFORE UNMENTIONED.—As is well known, collyria dropped in the eyes often run through the tear-passages and are tasted in the mouth. It occurred to me that the use of the infusion of jequirity in the eye might, by entering the lachrymal sac and nasal duct, excite similar inflammation in these parts, or in the nose even, as in the eye.

Such apprehensions have, within the last year, been fulfilled in three instances, two of them occurring in a young lady, involving the tear-passages of both eyes, and the other in a young man in whom only the right tear-passages were so affected. In each case the jequirity was used in a 2-per-cent. infusion, repeatedly dropped in the eyes with a pipette until severe inflammation ensued, which was then allowed to run its course unmolested. Each of these patients was carried through a second course of the jequirity treatment, and some time after recovering from the last course of treatment I found the young lady had a dacryocystitis of both lachrymal sacs, and the young man of the right sac only. Delaying in operating to overcome the strictures in the nasal ducts, acute phlegmon developed in the left sac of the young lady and in the right sac of the young man. The cases were treated in the usual way, the phlegmons opened externally, and when the swelling had sufficiently subsided the canaliculi were opened, and afterward the stricture overcome by the use of Bowman's probes, and the cases finally cured. There had never been any symptoms of trouble with the tear-passages prior to the use of the jequirity, and neither case had nasal trouble; hence the inference is clear that we here had jequiritic inflammation of the mucous membrane lining the lachrymal sac and nasal duct, leading to stricture of the latter, with its usual sequelæ.—T. E. MURRELL, M.D., of Little Rock, Ark., in *Jour. Amer. Med. Asso.*, June 28, 1890.

THE SPINAL CORD IN INFLUENZA.—At a meeting of the Royal Academy of Medicine of Turin on May 23, Professor P. Foà described the lesions which he had found in the spinal cord of a woman who died of influenza. The patient, who was of "middle age," had suffered from the usual symptoms, and the attack was followed by extremely acute bronchial catarrh, and later on by bronchopneumonia on one side, with hepatization of the other lung. Sections of the spinal cord showed intense hyperæmia, its substance being dotted with minute red points. On microscopic examination, numerous hæmorrhagic foci were seen in all the divisions of the cord, notably in the upper two-thirds of the dorsal and the upper portion of the cervical region. There was recent infiltration of red corpuscles among the nervous elements, which were slightly separated and compressed, but not visibly altered in structure. Some of the vessls were obliterated, and it was in the neighborhood of these that the hæmorrhages had taken place. Degenerative changes were also present in places, the axis-cylinders being hypertrophied to five or six times their ordinary size, and the nerve-fibres degenerated. These degenerative foci were, as a rule, independent of the hæmorrhagic patches, but in the highest part of the cord the two lesions were sometimes found together. The hæmorrhagic foci were chiefly situated in the posterior columns, almost always at their periphery; the degenerative foci occurred mostly in the lateral columns. Neither the gray matter nor the posterior roots showed the least alteration. Dr. Foà thinks that the lesions were due to occlusion of vessels, giving rise in some places to hæmorrhage, and in others to alterations in the nutrition of the nerve-fibres. He thinks it probable that the occlusion was caused by an accumulation of micro-organisms, but admits that he was unable to verify this conjecture. Examination of the brain was not permitted.—*Br. Med. Journ.*, June 21, 1890.

REMOVAL OF THE MICRO-ORGANISMS FROM WATER.—Krüger (Zeit. f. Hygiene), considering the fact that more bacteria are usually present in rivers than in lakes, notwithstanding that lakes themselves, in many cases, are more or less polluted by rivers passing through populous

towns, believes that this rapid decrease in the number of organisms may very possibly be due in part to the action of direct sunlight, but in the main to the tendency of water in a comparatively undisturbed state to deposit and precipitate. He therefore carried out a number of experiments with a view to determine how far the removal of organisms was brought about by the mere mechanical deposition of inert matter, and also by precipitation as a result of chemical action. The mechanical precipitants employed, all in a state of fine powder and sterilized, were alumina, brick-dust, clay, chalk, sand, coke, and charcoal. Water obtained from an ordinary service-pipe was impregnated with a liquid containing a bacillus growth of a species incident to tap-water. This was divided into two portions—one for precipitation with the inert substance, and the other was untreated for the sake of comparison. Experiments were similarly carried out in which precipitation was obtained as a result of chemical action, such as is brought about by the addition to the water containing naturally lime, magnesia, etc., substances like wood-ash, sulphate of alumina, and slaked lime. The general conclusion come to by the author from the results obtained is, that undoubtedly large numbers of bacteria are carried down by inert substances merely sinking in the water, but that the action is very considerably increased when, in addition to mechanical deposition, a chemical precipitation also takes place. The corollary is evident—inert substances do mechanically assist in the precipitation of micro-organisms, but preference should be given to chemical treatments.—*Druggists' Circular; Am. Pract. News*, July 19, 1890.

A Hint for Facilitating the Microscopical Examination of Urine.—When attempting to examine urine under the microscope, for casts, epithelial cells, and other organic bodies, a good deal of annoyance and difficulty is sometimes caused by urates, and also, when the specimen is not quite fresh, by fermentation and putrefactive products. In order to obviate this difficulty, and with the further view of preserving the specimen, Dr. M. Wendringer advises that the urine should be mixed with a nearly saturated solution of borax and boracic acid. This dissolves the urates, and keeps the urine from fermenting, and at the same time exercises no destructive effects upon the casts and epithelial elements which it is desired to examine. The solution is prepared by mixing 12 parts of powdered borax in 100 parts of hot water, and then adding a similar quantity of boracic acid, stirring the mixture well. It is filtered while hot. On long standing, a small deposit crystallizes out, but clings to the side of the vessel, so that it does not interfere with the transparency of the liquid. The urine to be examined is put into a conical glass, and from a fifth to a third of its bulk of the boracic solution added to and agitated with it. The urine will be found to have become clear in a short time, *i.e.*, if there is no cloudiness due to bacteria; and it will remain unchanged for several days. If it is only wanted to clear the urine and make it keep for a day or two, the addition of a smaller quantity of the boracic solution is sufficient. If a third of its bulk is added, no fermentation or putrefactive processes take place, even if the glass is left uncovered in warm places. Albumen, too, if it exists, is not coagulated. The organic elements, as epithelial cells, casts, blood-corpuscles, etc., collect so quickly, without undergoing any morphological change, at the bottom of the glass, that the first drop taken up by the pipette, usually proves a satisfactory specimen—*Lancet; Journ. Am. Med. Asso.*, July 26, 1890.

Distribution of Solanine and its Micro-Chemical Reactions.—M. E. Wotczal has published an elaborate paper on this subject in Russian. He finds only three trustworthy tests for the presence of solanine, viz: (1) Mandalin's vanadin sulphuric acid, *i.e.*, 1 part of ammonia-metavanadinate in 1000 parts of trihydrate of sulphuric acid ($H_2SO_4+2H_2O$). The test is one of extraordinary delicacy; if the preparation contain solanine, it goes through the following series of colors: yellow, orange-red, purple-red, brown, pure red, violet, blue-green, and then disappearing altogether. (2) Brandt's reagent: 0.3 gramme sodium selenate in a mixture of 8 c.cm. of water and 6 c.cm. of pure sulphuric acid. If the preparation containing solanine is first warmed, then, on cooling, it becomes first violet-red, then orange-red, and yellow-brown, the color finally disappearing. (3) Pure sulphuric acid as a macro-chemical reagent, but this test has no advantage over the other two.

Solanine was found in nine species of solanum and three of scopolia. In the tubers it is found chiefly in the neighborhood of the "eyes." In the vegetative portions it occurs in greatest abundance in the young tissues, and in the mature tissues it is usually entirely wanting except in the neighborhood of the buds, and of the origin of the roots. In the floral organs the reverse is the case, the quantity of solanine increasing for a time in both calyx and corolla as the flower opens, but ultimately disappearing from these organs, while it continues to increase in the green, unripe fruit, diminishing again when the fruit is ripe, and being then localized chiefly in the peripheral layers. The seat of the solanine is the cell-cavity, where it occurs in the form of a soluble salt, and from which also it penetrates the cell-wall by diffusion.

The author regards solanine as a product neither of primary synthesis nor of disorganization, nor as a secretion or excretion, nor as a

reserve substance, nor as a transporting form like asparagin, but as an intermediate stage in the series of chemical changes which the already forward plastic substances undergo in the living cell. In the flowers and unripe fruits it undoubtedly also serves as a protection against consumption by animals.—*Pharm. Jour. and Trans.*, July 19, 1890.

THE ACTION OF STROPHANTHUS.—Dr. Bucquoy has particularly studied the sphygmographic records of strophanthus action. He finds the strophanthus tracing characteristic; the ascent of the curve reaches a higher level, the line of descent falls more abruptly; in short, the characters of the collapsing or aortic regurgitant pulse are reproduced. Dr. Bucquoy's observations were on all varieties of valvular disease,—mitral, bicuspid, and aortic,—and on combinations of these lesions; further, he tried the effects of the drug on a case of fibroid kidney with arterial degeneration and hypertrophied left ventricle; also, on a case of emphysema with "fatigued" heart, and on a case of "tachycardia," in which the hurried action was not dependent on valvular disease. His remarks are based on 14 cases in all; but he states that he has had, during two years of work with strophanthus, an experience of several hundred cases. The indication for strophanthus is in every case ventricular incompetence. The increased force of the ventricular systole caused by the drug is accompanied by a diminution in the frequency of the pulse, and by an attempt at regulation, but in many cases the pulse remained irregular. Strophanthus action is best shown in cases of aortic disease, and for the reason that an increased ventricular beat must become more manifest when the whole force of the stroke issues through the aortic opening than when, through mitral incompetence, only part of this stroke reaches the pulse; moreover, the dilatation and hypertrophy of the heart in aortic disease being greater than in mitral disease, the former condition is better adapted to show increased force of action. Does strophanthus cause contraction of the arterioles? Dr. Bucquoy, from clinical experience, holds that it does not. He further quotes experiments of Dr. Emil Delsaux, of Liége, with Roy's oncometer as bearing out this view, since the oncometer tracing did not show any variation during the administration of stropanthus. The urine curve of strophanthus action follows the pulse curve. The influence of strophanthus on blood-pressure is not discussed. In cardiac failure Dr. Bucquoy asserts that strophanthus possesses the advantages of rapidity of effect, of sustained action, and of tolerance. It is, however, generally held to be less permanent in its action than digitalis.—*British Medical Journal*, June, 14, 1890; *Ther. Gaz.*, July 15, 1890.

REMARKABLE FECUNDITY.—I was called to see Mrs. E. T. Page, January 10, 1890, about 4 A.M.; found her in labor and at full term, although she assured me that her "time" was six weeks ahead. At 8 A.M. I delivered her of a girl baby; I found there were triplets and so informed her. At 11 A.M. I delivered her of the second girl. After having rectified presentation, which was singular (face, hands, and feet all presented), I placed in proper position, and practiced "version." This child was "still-born," and, after considerable effort by artificial respiration, it breathed and came around "all right." The third girl was born at 11.40 A.M. This was the smallest one of the four. In attempting to take away placenta, to my astonishment I found the feet of another child. At 1 P.M. this one was born; the head of this child got firmly impacted at lower strait, and it was with a great deal of difficulty and much patient effort that it was finally disengaged. It was blocked by a mass of placenta and cords. The first child had its own placenta; the second and third had their placenta; the fourth had also a placenta. They weighed at birth, in the aggregate, 19½ pounds, without clothing. First weighed 6 pounds; second, 5 pounds; third, 4½ pounds; fourth, 4 pounds. In the country, and "backwoods" at that, it was impossible to procure a "wet-nurse;" so, with the little help we could control, and feeding the babes on "Reed & Carnrick's Infant Food," they thrived well.

Mrs. Page is a blonde, about 36 years old, has given birth to fourteen children, twins three times before this; one pair by her first husband. She has been married to Page three years, and has had eight children in that time. I have waited on her each time.

Page is an Englishman, small, dark hair, age about 26, weighs about 115 pounds. There was quite an amusing incident occurred when I informed him that his wife would give birth to four children. He fell across the bed by his wife's side, threw his heels away up in the air, clasped his legs with both hands, and, with a long wail of despair, cried, "Lord God, Doctor! what shall I do?"

They are in St. Joseph, Mo., now, having contracted with Mr. Uffner, of New York, to travel and exhibit themselves in Denver, St. Joseph, Omaha, and Nebraska City, then on to Boston, Mass., where they will spend the summer.

On June 10th they were reported to be in perfect health.

The birth of quadruplets is not so remarkable, but that they should live and thrive as these have done is. In about 375,000 births there are quadruplets, and it is a remarkable fact that they always die. Will some of my brother M.D.'s give us their experience with quadruplets?—J. DE-LEON, M.D., Ingersoll, Texas, in *Medical Brief.*

THE OPERATIVE FURY.—Dr. Duplay, the successor of the late Professor Trélat, in his inaugural address at La Charité, after some remarks in appreciation of antiseptic surgery, pointed to the reverse side of the medal. He observed that there was a sort of operating mania, a *prurigo secandi* among certain surgeons, particularly among the young generation, which he explained thus: Formerly, owing to the frequency of post-operative accidents, the surgeon decided upon intervening only when an operation appeared absolutely indispensable. Now, on the contrary, post-operative accidents have disappeared. Trusting to this impunity, the surgeon has a great tendency to intervene as soon as an operation appears practicable. The older surgeons hesitated a good deal to operate, owing to the occurrence of consecutive accidents; they consequently carefully examined the parts affected, the general state of the patient, his temperament, and his antecedents; in a word, the surgeon sought to make a rigorous diagnosis. Then the utility of the operation was discussed at some length; the question if the chances of cure were equivalent to the gravity of the disease was carefully weighed. Now, all these considerations had become secondary, and often the diagnosis is effected by the operation. When it concerns a tumor, the surgeon scarcely occupies himself as to its nature. The tumor is removed, and it is afterward examined at leisure. In cases of an affection of the abdomen, the surgeons of to-day do not make those brilliant and delicate diagnoses made in former times. The abdomen is opened, the surgeon looks into it, and if there is nothing to be removed, he closes it. The same remarks may be applied to prognosis. The question whether the patient could be cured by other means was scarcely discussed, nor whether the benefits of the operation were sufficient to justify it. It is thus that the surgeon practiced on the face the most terrible operations for cancers of the tongue, pharynx, etc., and the patient succumbed with or without relapse, a few weeks after, without obtaining the least profit by the intervention. The ablations of the thyroid gland in goitrous subjects may seem very fine as operations, but afterward the patients become affected with cachexia. In the midst of the hecatomb of Fallopian tubes and ovaries which some surgeons give themselves to, it is not considered whether a certain number of patients could be cured by other means. In depriving a patient of the reproductive faculty we give rise to troubles more or less serious in the patient's physical and moral condition. In all operations, even when practiced under the strictest rules of antisepsy, there is still one danger to be considered, and that is, the least negligence in the application of this method suffices to compromise all. A catgut of bad quality, a solution very weak, a sponge badly prepared, might destroy one's assurance.—*Journ. Am. Med. Association.*

WOUNDS AFTER COITUS.—Peculiarities of wounds after coitus in females have been much discussed, but those occurring in males have received but little attention, although they throw some light on certain vexed questions as to the method of venereal infection. Reports of penis injuries are rare, albeit it is very probable many quickly-healing "chancroids" are not venereal, but traumatic. Dr. A. A. Newsky, of Gorakhovetz, Russia (Vratch, No. 48, 1889), who has recently discussed this subject, has been able to find but 2 cases in the literature, both reported by Americans. Dr. Veazie (N. O. Med. and Surg. Jour., 1884) has reported a case of complete fracture of the penis, and Dr. F. Y. Davis (Medical News, 1885) has reported a case where a gentleman suddenly detected his coachman copulating with a servant. Both made frantic efforts to escape, but were unable to separate. The man was over six feet high, and brawny. The woman was small, and did not weigh over 90 pounds. After several attempts by bystanders to separate them by methods used with dogs, Dr. Davis was sent for, who found the man standing up with the woman in his arms, his penis locked in her vagina. Dr. Davis, after local applications of ice, chloroformed the woman, and released the penis, which remained in a state of priapism for several hours. It was swollen, livid, and sore for days. Dr. Hulke, of London, has reported (Lancet, February 18, 1888) a case in which a deeply-intoxicated 34-year-old man, while copulating with his wife, sprained his penis, lacerating the left crus, which resulted in inflammation thereof and long-continued priapism. Dr. Newsky's case was that of a 25-year-old man, who, while copulating with his wife, felt a sharp pain in the penis, which, on withdrawal, bled profusely from a laceration. Within half an hour the patient bled a cup-full of blood, despite cold applications. Dr. Newsky found a deep, widely-gaping, irregular laceration, with everted tumefied edges, more than an inch long, running transversely across the penile posterior lower aspect, about an inch from the prepuce, which was unusually long and tight, and had but a very narrow orifice. The wound was washed out with a boracic-acid lotion, united by silk sutures, and healed in six days by first intention. Dr. Newsky believed that during copulation the patient's long, phymotic prepuce formed a terminal fold, looking upward, which led to an extreme stretching of the skin on the lower surface of the organ, the tissues giving way at the point of maximal distention under violent pressure of the glands. Dr. Davis was of opinion that, in his case, a spasm of the sphincter at the vagina orifice had nipped the penis, and prevented an outflow of blood.

A similar condition seems to have occurred in the cases of Drs. Veazie and Hulke, and very probably in that of Dr. Newsky also. This spasm is a normal phenomenon of coitus in some lower animals, and hence likely to re-appear with females of bad heredity. Prostitutes are especially likely to have such sexual reversions to conditions normal among lower animals, since, as Dr. Pauline Tarnowsky (Progrès Méd.) has shown, degenerate types are frequent among them. Sphincter-cunni spasms are hence likely to result in producing penile excoriations, which may be mistaken for the results of venereal infection. Dr. H. N. Moyer has observed a case in which livid penis excoriations from traumatism during coitus were regarded as venereal ulcers. These excoriations, in all probability, are often starting-points for venereal infection.—*Medical Standard*, July, 1890.

BOOK REVIEWS.

Practical Sanitary and Economic Cooking Adapted to Persons of Moderate and Small Means. By MRS. MARY HINMANN ABEL. The Lomb Prize Essay. Published by the American Public Health Association.

Nutritive value, palatableness, and economy are the essential attributes of a good diet. The proper union of these is the housekeeper's daily problem. Mrs. Abel's little book is valuable as indicating the method in which substantial food may be economically prepared. The author describes the comparative nutriment contained in the different classes of aliments as ascertained from chemical analyses. The principles of good cookery are dwelt upon, after which she gives in illustration several diversified bills of fare calculated for a family of six.

Recollections of General Grant. By GEORGE W. CHILDS.

The subject of this book is Ulysses S. Grant, the man, rather than General Grant, the great commander. As a soldier, General Grant's achievements form a prominent part of the history of his country at its most momentous crisis. As such they are more or less familiar to every one, and will be remembered with gratitude and pride as long as our re-united country endures. But we always love to turn from the brilliant deeds of the soldier and contemplate the hero in private life. None is better qualified to inform us upon this topic than Mr. Childs, so long and so intimately associated with the General. The steadfastness, honor, modesty, loyalty, and justice of the hero are abundantly evident to the reader of this little book. The conflict of civil war and politics tended to obscure our conceptions of Grant's character, but passing years have dispelled the mists of prejudice, and the simplicity and bravery of the man must command the respect and admiration of every noble mind.

Railway Surgery. A Practical Work on the Special Department of Railway Surgery. For Railway Surgeons and Practitioners in the General Practice of Surgery. By C. B. STEMEN, A.M., M.D., LL.D. St. Louis: J. H. Chambers & Co.

Dr. Stemen is well qualified by experience, observation, and study to discourse upon the various and frightful injuries resulting from railway accidents. The subject has recently been erected into a sort of specialty in this country, where the tide of travel is so strong, the distances traversed so large, and the danger of accident correspondingly great. While the interest of this work will chiefly appeal to those who are or seek to be official railway surgeons, yet there is scarcely a physician in the land who may not any day be called upon to meet the emergency of a railway accident. Upon this class of injuries the classical treatises on surgery have comparatively little to say. There is consequently the more need of a work like the one before us, written by a man who knows of what he speaks. The fundamental principles of surgery are, of course, equally applicable to the treatment of railway injuries as of those received in (for instance) machine shops. But, as it is impossible for one to be too thoroughly grounded in principles, so it is proper that the young surgeon should study to fit himself with a knowledge of how these principles are adapted to the intelligent treatment of railway injuries.

Popular Science Monthly for June, July, and August. Edited by WILLIAM JAY YOUMANS.

The bearings of Egyptology and Prehistoric Archæology upon the question of the antiquity of man are discussed in the June and July numbers by Ex-President White. In the former, an interesting article by Dr. William Marcet, on Atmospheric Dust, is the abstract of an address delivered before the Royal Meteorological Society. Education and Crime, by Rev. A. W. Gould, is a topic which touches upon the extensive border of medical science, while the brief biography and portrait of Theodor Schwann are of interest to every biologist who honors—and who does not?—the memory of the modest man of genius who originated the cell theory. The July number contains an illustrated article upon Greenland and the Greenlanders, by Elisée Reclus; The Musical Sense in Animals and Men, by Aug. Weismann; Human Heredity, by Prof. James H. Stoller; with other papers upon

various scientific subjects. In the August number, M. Charles Richet, in writing of Mental Strain, insists upon the importance of physical culture. In a paper on Sanitary Work in Great Disasters the Johnstown calamity is reviewed from the stand-point of a sanitarian by G. G. Groff, M.D., LL.D., President of the Pennsylvania State Board of Health. David Starr Jordan, President of the University of Indiana, contributes papers to the July and August issues upon Evolution and the Distribution of Animals.

Any special commendation of the value of this periodical is needless.

Diseases of the Rectum and Anus: their Pathology, Diagnosis, and Treatment. By CHAS. B. KELSEY, A.B., M.D. Third edition, rewritten and enlarged. New York: Wm. Wood & Co.

This liberally illustrated work is an excellent and practical guide to a knowledge of an exceedingly troublesome class of disorders. In the chapter on fistula the author calls attention to the necessity of close examination in order not to overlook the existence of blind internal fistula. They easily escape notice, but the surgeon should learn to suspect and search for them. When a patient presents all the usual symptoms of fissure, and yet has no fissure, he should be carefully examined under ether. The author believes that it is a safe rule to operate upon phthisical patients suffering with fistula, and has never witnessed any aggravation of pulmonary symptoms demonstrably due to interference. He allows, indeed, certain judicious exceptions to this rule. Incision by the knife is recommended as the best mode of treatment. If an external hæmorrhoid contain an extravasation, the best plan is to open the tumor freely and turn out the clot from its bed. For that variety which consists of enlarged and varicose veins, he confines himself either to the injection of carbolic acid or electrolysis. He finds little to choose between them, though the latter may probably be preferable as less likely to cause a slough. The treatment of internal piles is discussed at considerable length. The subject of prolapse and invagination receives very full consideration. The section which treats of venereal disease of the rectum and anus contains a comprehensive view of the whole subject. A full account is given of the various methods of operation for rectal carcinoma, and a conservative opinion expressed as to the value of interference in these unfortunate cases.

In conclusion, we may say that every practitioner would do well to provide himself with this volume, which is the outcome of a large experience. Until within a few years past far too little attention was paid to the class of diseases of which it treats, and the results of the advance recently made are to be found on every page.

Familiar Forms of Nervous Disease. By M. ALLEN STARR, M.D., PH.D. New York: Wm. Wood & Co.

This is a well-written, interesting, and instructive book. It does not aim to be a systematic treatise upon nervous diseases, but is an excellent clinical study of such cases as may come to any practitioner. The purpose of the work is, in fact, to present the recent wonderfully enlarged knowledge of the physiology and pathology of the nervous system in such a manner as to facilitate accurate diagnosis. The object proposed has been well executed.

A clear description, happily free from prolixity, is given of what is known concerning the localization of cerebral functions. Some good illustrations assist in the study of cranio-cerebral topography. An account of the motor area of the cortex is followed by the history of cases of different forms of Jacksonian epilepsy. Destructive lesions of the motor area are next considered. Lesions of the visual area are in the same manner explained by reference to clinical examples. A luminous chapter treats of the disorders to which the cortical area governing language is subject. A discussion of the projection, commissural, and association fibres precedes an account of the efforts which have been made to locate lesions involving the medullary substance of the brain. Next ensues a chapter upon affections of the base. The symptoms and results of diseases of the spinal cord are treated in the same practical manner, with constant reference to anatomy, physiology, and illustrative cases. Locomotor ataxia, infantile paralyses, multiple neuritis, paralysis agitans, and chorea are clearly described in accordance with the most recent investigations. In the chapter on epilepsy some examples are given of the rarer and less generally recognized forms of the malady. The closing chapters are devoted to neuralgia, neurasthenia, and the ordinary forms of insanity.

The book is calculated to be very useful to the general practitioner. The interest of the reader never lags, and the carefully selected histories serve as commentary and exemplifications of the text, while they are not sufficiently numerous to prove tiresome. The data are derived from American sources, chiefly from the Nervous Clinic of the College of Physicians and Surgeons, in which institution the author is Professor of Diseases of the Mind and Nervous System.

CURRENT MEDICAL LITERATURE

Abstract of Sanitary Reports. Vol. v, No. 28. Washington, D. C., July 11, 1890.

Abstract of Sanitary Reports. Vol. v, No. 31. Washington, D. C., August 1, 1890.

Report of the Philadelphia Orthopædic Hospital and Infirmary for Nervous Diseases for 1886.

Ship Sanitation, No. 9. Medical Advice to Seamen. Reprinted from Seafaring, June 28, 1890.

Report of the Intercollegiate Committee of the American Institute of Homœopathy, June, 1890.

State Board of Health Bulletin of Tennessee. Vol. v, No. 12. Nashville, Tennessee, July 20, 1890.

McGill University. Annual Calendar Faculty of Medicine. Fifty-eighth Session, 1890–91. Montreal, 1890.

Varicocele. By Thomas W. Kay, M.D., Scranton, Pa., Ex-Surgeon to the Johanniter Hospital at Beyrout, Syria.

Ship Sanitation, No. 10. The Medical Care of Seamen on Board Cunard Ships. Letter from Dr. Leet to the Cunard Directors.

Woman's Medical College of the New York Infirmary. Twenty-second Annual Catalogue and Announcement. June, 1890.

Thirty-first Annual Announcement and Catalogue of the Hahnemann Medical College and Hospital, Chicago, Illinois. 1890–91.

Catalogue of the Albany Medical College, Medical Department of Union University, Fifty-ninth Session, 1889-90, and Announcement for Session 1890–91.

Fifth Annual Announcement of the Western Pennsylvania Medical College, corner of Brereton Avenue and Thirtieth Street, Pittsburgh. Sessions of 1890–91.

Announcement and Catalogue of the National Medical College, Medical Department of the Columbian University, Washington, D. C., for the Sixty-ninth Session, 1890–91.

The Medical and Dental Register-Directory and Intelligencer of Pennsylvania and Delaware. Wm. B. Atkinson, A.M., M.D., Editor. Philadelphia: George Keil, 1214–20 Filbert Street.

The Medico-Chirurgical College of Philadelphia, Cherry Street below Eighteenth, near Logan Square. Announcement for Sessions of 1890–91. Incorporated by Act of the Legislature of Pennsylvania 1850.

Second Annual Report of the Health Department of the City of Mansfield, Ohio, for the year commencing March 1, 1889, and ending February 28, 1890. By R. Harvey Reed, M.D., Health Officer.

The Atypical Forms of Typhoid Fever. By William C. Dabney, M.D., Professor of Practice of Medicine, etc., University of Virginia. Reprint from Transactions of the Medical Society of Virginia, 1888.

Twelfth Annual Report of the State Board of Health of the State of Rhode Island, for the year ending December 31, 1889, including the Report upon the Registration of Births, Marriages, and Deaths in 1888.

A Study of the Social Statistics of 4663 Cases of Alcoholic Inebriety. By L. D. Mason, M.D., Consulting Physician Inebriates' Home, Fort Hamilton, L. I. Reprinted from the Journal of Inebriety for July, 1890.

A Case of Locomotor Ataxia Associated with Nuclear Cranial-Nerve Palsies and with Muscular Atrophy. By Frederick Peterson, M.D. Reprinted from the Journal of Nervous and Mental Disease, July, 1890.

American Public Health Association. Preliminary Announcement of the Eighteenth Annual Meeting, to be held at Charleston, S. C., Tuesday, Wednesday, Thursday, and Friday, December 16, 17, 18, 19, 1890.

Thirtieth Annual Announcement of the Bellevue Hospital Medical College, foot of East Twenty-sixth Street, New York City. Session 1890–91, with the list of graduates for 1890. The Session begins on Wednesday, September 24, 1890.

Detroit Emergency Hospital (Clinical Department of the Michigan College of Medicine and Surgery) Reports. A Quarterly Journal of Medicine and Surgery. Edited by Hal. C. Wyman, M.S., M.D. Detroit, Michigan, June, 1890.

The Physiological Action and Therapeutic Uses of the Water of the Greenbrier White Sulphur Springs, W. Va. By William C. Dabney, M.D., Professor of Practice of Medicine, etc., University of Virginia. Reprinted from Gaillard's Medical Journal for April, 1890.

Chloralamid. Schering. Hypnotic. Discovered by Dr. J. von Mering, of Strassburg. Patented and manufactured by Chemische Fabrik auf Actien (vormals E. Schering), Berlin. Second Revised Edition. Published by Lehn & Fink, Sole Agents and Licensees for America. New York, 1890.

Sixteenth Annual Announcement and Alumni Catalogue of the Medical Department University of Tennessee, Nashville Medical College. Session of 1890–91 will begin Wednesday, October 1, 1890. Preliminary Term will begin Monday, September 1, 1890. For particulars, address Duncan Eve, A.M., M.D., Dean.

An Address Delivered by Dr. Lewis D. Mason, Consulting Physician to the Inebriates' Home, Fort Hamilton, L. I., at a Meeting of the American Association for the Study and Cure of Inebriety, held at Burlington, N. J., to Celebrate the Seventy-first Birthday of Dr. Joseph Parrish, President and Founder of the Association.

COMMERCIAL NEWS.

PITTSBURGH, PA., June 7, 1890.

To the Ale and Beef Co., Dayton, Ohio:

GENTLEMEN:—I beg to make acknowledgment of the receipt of a case of Ale and Beef "Peptonized" you sent me a few days ago. I would have acknowledged earlier, but I have waited till I could report to you some results of the use of your wonderful Nutrient Tonic. I say wonderful, for I have had some most wonderful results from its use and can fully bear testimony to all you claim for it. In neurasthenia, in typhoid fever, in alcoholism, in the enfeebled digestion of dyspeptics, for the nursing mother in giving her strength and increasing the quantity and quality of her milk, in the gestation period when affected with vomiting, and in convalescence after many wasting diseases, —in all of these cases I have had the most satisfactory results from the use of your Ale and Beef "Peptonized," and I am fully able to affirm that there is no malt preparation before the medical profession that will be found so generally efficacious as is the Ale and Beef "Peptonized."

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424 Pennsylvania Ave.

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ELECTRICITY.

We cannot have too much information on this subject. The convenient and instructive Price-List issued by the Galvano-Faradic Manufacturing Co., 300 Fourth Ave., New York City, free to physicians, will prove very acceptable to every doctor who is interested in that branch of practice.

Fine Microscopes.

The Catalogue issued by the W. H. Walmsley Co., Limited, 1024 Walnut St., Philadelphia, contains valuable information as to cost, styles, etc., and will be sent free to doctors mentioning this journal.

Unique, Instructive.

The little brochure entitled "From the Stump to the Limb," issued by A. A. Marks, 701 Broadway, New York, the celebrated maker of artificial limbs, is as bright and interesting an effort as we have seen in this direction for some time. Doctor, you should certainly possess a copy, and you can readily do so (without cost) by simply writing to the above address.

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Important information upon this subject is conveyed in the advertisement of the J. B. Lippincott Publishing Co., which will be found on the third cover-page of this issue.

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Dr. W. J. Conner,
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The McArthur Hypophosphite Company offer some very seasonable information on page 2. Please read it and make a thorough test of the Syrup, which they invite you to do, free.

Nervousness of Children.

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Virgil McDavitt, M.D., Quincy, Ills., says: I usually find Celerina to be a very agreeable and acceptable nerve-tonic, quieting and calming nervous irritability, and causing sleep oftentimes after spells of continued wakefulness, adapted to use in much the same cases as valerian, asafœtida, etc.; not a cure-all, but a valuable addition to our armamentarium in the treatment of a class of cases which are often most vexatious and trying to the physician and worrying to the patient. In these cases I have often prescribed it alone, or combined with other remedies, with much success.

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Index to Advertisements.

A classified index of Advertisements appearing in the Medical Bulletin will be found on page 39 of the current issue.